
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Article 5 – MEDI-CAL PROGRAMS

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AID CODE MASTER CHART

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AID CODE MASTER CHART

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AID CODE	BENEFIT	PROGRAM	SOC
I. CASH GRANTS: (Public Assistance)			
03	FULL	Adoption Assistance Program. A cash assistance program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. FFP	NO
10	FULL	SSI/SSP Aid to the Aged. A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older. FFP	NO
20	FULL	SSI/SSP Aid to the Blind. A cash assistance program administered by SSA which pays a cash grant to needy blind persons of any age. FFP	NO
30	FULL	AFDC-FG. Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. FFP	NO
32	FULL	AFDC-FG. Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO
36	FULL	AFDC-FG. (EXEMPT) Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. (THIS IS THE SAME POPULATION AS AID CODE 32, EXCEPT EXEMPT FROM GRANT CUTS.) FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO
33	FULL	AFDC-Unemployed Parent. Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
3H	FULL	AFDC-Unemployed Parent. (EXEMPT) Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. (This is the same population as aid code 33, except exempt from grant cuts.) FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO
35	FULL	AFDC-Unemployed Parent (CASH) Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements. FFP	NO
3P	FULL	AFDC-Unemployed Parent (Cash) (Exempt) Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements. THIS POPULATION IS THE SAME AS AID CODE 35, EXCEPT THAT THEY ARE EXEMPT FROM AFDC GRANT REDUCTIONS. FFP	NO
3R	FULL	AFDC-FG. (EXEMPT) Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions. FFP	NO
4C	FULL	AFDC-FC Voluntarily Placed. (FED) Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care. FFP	NO
40	FULL	AFDC-FC/Non Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. FFP FOR MEDI-CAL NON-FFP FOR CASH GRANT (STATE ONLY)	NO
42	FULL	AFDC-FC/FED. Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. (IV-A) (IV-E). FFP	NO
60	FULL	SSI/SSP Aid to the Disabled. A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability. FFP	NO

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AID CODE	BEN- EFIT	PROGRAM	SOC
2. OTHER PUBLIC ASSISTANCE PROGRAMS:			
16	FULL	Aid to the Aged-Pickie Eligibles. Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit. FFP	NO
26	FULL	Aid to the Blind-Pickie Eligibles. Covers persons who meet the federal criteria for blindness and are covered by the provisions <u>Lynch v. Rank</u> . (See aid code 16 for definition of Pickie eligibles.)	NO
36	FULL	Aid to Disabled Widow/ers. Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAS were disregarded. FFP	NO
66	FULL	Aid to the Disabled Pickie Eligibles. Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code. FFP	NO
6A	FULL	Disabled Adult Child(ren) (DAC) Blindness FFP	NO
6C	FULL	Disabled Adult Child(ren) (DAC) Disabled FFP	NO
18	FULL	Aid to the Aged-IHSS. Covers aged IHSS cash recipients who are 65 years of age or older, who are not eligible for SSI/SSP cash benefits. FFP	NO
28	FULL	Aid to Blind-IHSS. Covers persons who meet the federal definition of blindness and are eligible for IHSS. FFP	NO

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AID CODE	BEN- EFIT	PROGRAM	SOC
68	FULL	Aid to the Disabled IHSS. Covers persons who meet the federal definition of disability and are eligible for IHSS. FFP	NO
3. CONTINUING MEDI-CAL WHEN PA DISCONTINUED NO SOC:			
38	FULL	Continuing Medi-Cal Eligibility. Edwards v. Kizer court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC, until the family's eligibility for Medi-Cal only has been determined and an appropriate Notice of Action issued. FFP	NO
39	FULL	Initial Transitional Medi-Cal (TMC)-Six Months Continuing Eligibility. Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard. FFP	NO
54	FULL	Four-Month Continuing Eligibility. Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments. FFP	NO
59	FULL	Additional TMC-Additional Six Months Continuing Eligibility. Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard. FFP	NO
4. MEDICALLY NEEDY NO SOC:			
14	FULL	Aid to the Aged-Medically Needy. Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. FFP	NO
24	FULL	Aid to the Blind Medically Needy. Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. FFP	NO

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AID CODE	BEN- EFIT	PROGRAM	SOC
3A	FULL	California Alternative Assistance Program-Aid to Families with Dependent Children. Family Group (CAAP-AFDC [FG]). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal. FFP	NO
3C	FULL	California Alternative Assistance Program-Aid to families with Dependent Children. Unemployed Parent Group (CAAP-AFDC [U]). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal. FFP	NO
34	FULL	AFDC-MN. Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. FFP	NO
64	FULL	Aid to the Disabled-Medically Needy. Covers persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. FFP	NO
5. MEDICALLY NEEDY SHARE OF COST			
17	FULL	Aid to the Aged-Medically Needy, SOC. Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC required. FFP	YES
27	FULL	Aid to the Blind-Medically Needy, SOC. Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries. FFP	YES
37	FULL	AFDC-MN. Covers families with deprivation of or loss of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC is required of the beneficiaries. FFP	YES
67	FULL	Aid to the Disabled-Medically Needy, SOC. (See aid code 64 for definition of Disabled-MN). SOC is required of the beneficiaries. FFP	YES
6. MEDICALLY NEEDY SOC & NO SOC:			

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AID CODE	BEN-EFIT	PROGRAM	SOC
65	FULL	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy IHSS. Covers persons who: (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations; (b) also continue to suffer from the physical or mental impairment that was the basis of the disability determination; and (c) have the costs of IHSS deducted from their monthly income. Non-FFP	Y/N
7. MEDICALLY-NEEDY LONG-TERM CARE:			
13	FULL	Aid to Aged LTC. Covers persons 65-years of age or older who are medically needy and in Long-Term Care (LTC) status. FFP	Y/N
23	FULL	Aid to the Blind-LTC Status. Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status. FFP	Y/N
55	R	Covers undocumented aliens in LTC who are not found by INS to be Permanently Residing in the U.S. Under Color of Law (PRUCOL). Beneficiaries will remain in this aid code even if they leave LTC. RESTRICTED TO LONG-TERM CARE, PREGNANCY-RELATED, AND EMERGENCY SERVICES LTC: STATE ONLY FUNDS EMERGENCY AND PREGNANCY RELATED SERVICES: STATE AND FEDERAL FUNDS	NO
63	FULL	Aid to Disabled-LTC Status. Covers persons who meet the federal definition of disability, who are medically needy, and in LTC status. FFP	Y/N
8. MEDICALLY INDIGENT:			
04	FULL	Adoption Assistance Program /Aid for Adoption of Children With or Without a Cash Grant. The Aid for Adoption of Children cases are eligible for financial assistance through the Adoption Assistance Program, providing an Aid for the Adoption of Children Agreement, which was executed prior to October 1, 1982. NON-FFP	NO
45	FULL	Children Supported by Public Funds. Children whose needs are met in whole or in part by public funds other than AFDC-FC. FFP	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
4K	FULL	Emergency Assistance (EA) Program. Covers juvenile probation cases placed in foster care. FFP	NO
5K	FULL	Emergency Assistance (EA) Program. Covers child welfare cases placed in EA foster care. FFP	NO
53	R	Medically indigent-LTC. Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements with or without a SOC. Medi-Cal does not cover Acute Inpatient Hospital Care. Non-FFP LTC SERVICES ONLY	Y/N
82	FULL	MI-Person. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may be continued in this aid code until age 22 if they have filed for a State hearing. FFP	NO
83	FULL	MI-Person SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. FFP	YES
86	FULL	MI-Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. FFP	NO
87	FULL	MI-Confirmed Pregnancy. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. FFP	YES
9. MEDI-CAL SPECIAL TREATMENT PROGRAMS:			
7H	R	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only. FFP VALID ONLY FOR OUTPATIENT TB-RELATED SERVICES	NO
7I	R	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers persons of any age who are eligible only for dialysis and related services. Non-FFP	Y/N

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AID CODE	BEN-EFIT	PROGRAM	SOC
73	R	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program. Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs. Non-FFP	Y/N
10. REFUGEE/ ENTRANT PROGRAM:			
01	FULL	Refugee Cash Assistance. Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eight-month limitation provision. 100% FFP	NO
0A	FULL	Refugee Cash Assistance. (EXEMPT) Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eight-month limitation provision. (This is the same population as aid code 01, except exempt from grant cuts.) 100% FFP	NO
02	FULL	Refugee Medical Assistance/Entrant Medical Assistance. Covers eligible refugees and entrants, who do not qualify for or want cash assistance during their first eight months in the United States. 100% FFP	Y/N
08	FULL	Entrant Cash Assistance (ECA) Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole). Unaccompanied children are not subject to the eight-month limitation provision. 100% FFP	NO
11. OBRA ALIENS:			
58	R	Covers eligible aliens, permanent lawful residents, PRUCOL, or with valid and current I-688/A cards. RESTRICTED TO PREGNANCY-RELATED AND EMERGENCY SERVICES <i>EMERGENCY SERVICES: FFP</i> <i>PREGNANCY RELATED- NONEMERGENCY: STATE ONLY</i>	Y/N

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AID CODE	BEN-EFIT	PROGRAM	SOC
5F	R	Covers eligible aliens, permanent lawful residents, PRUCOL, or valid and current I-688/A cards. RESTRICTED TO PREGNANCY-RELATED AND EMERGENCY SERVICES <i>EMERGENCY SERVICES: FFP</i> <i>PREGNANCY RELATED NONEMERGENCY: STATE ONLY</i>	Y/N
12. 100 PERCENT PROGRAM/NO SOC			
7A	FULL	100 Percent Program. Child United States Citizen, Lawful Permanent Resident/PRUCOL. Provides full benefits to children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level. FFP	NO
7C	R	100 Percent Program Child-Undocumented Nonimmigrant Status. Covers emergency and pregnancy-related services to children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level. RESTRICTED TO PREGNANCY AND EMERGENCY SERVICES	NO
13. PRESUMPTIVE ELIGIBILITY:			
7F	R	Presumptive Eligibility (PE)-Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative. FFP VALID FOR PREGNANCY VERIFICATION OFFICE VISIT	NO
7G	R	Presumptive Eligibility (PE)-Ambulatory Prenatal Care Services. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. FFP VALID ONLY FOR AMBULATORY PRENATAL CARE SERVICES.	NO

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AID CODE	BEN- EFIT	PROGRAM	SOC
14. 133 PERCENT PROGRAM-NO SHARE OF COST:			
72	FULL	133 PERCENT Program. Child-United States Citizen/ Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues and family income is at or below 133 percent of the federal poverty level. FFP	NO
74	R	133 PERCENT Program. (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level. FFP RESTRICTED TO EMERGENCY SERVICES	NO
15. INCOME DISREGARD PROGRAM:			
44	R	Income Disregard Program. Pregnancy. United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. FFP RESTRICTED TO PREGNANCY RELATED SERVICES	NO
47	FULL	Income Disregard Program. Infant-United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. FFP	NO
48	R	Income Disregard Program. Pregnant-Undocumented/Nonimmigrant Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. FFP RESTRICTED TO PREGNANCY RELATED SERVICES	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
69	R	Income Disregard Program. Infant/Undocumented/Nonimmigrant Alien. Provides emergency services only for infants under one year of age and beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. FFP RESTRICTED TO EMERGENCY SERVICES	NO
7H PENDING	R	Income Disregard Program. Provides family planning, pregnancy and postpartum services for any pregnant minor consent female whose income is at or below 200% of the poverty level. FFP RESTRICTED TO FAMILY PLANNING, PREGNANCY AND POSTPARTUM SERVICES	NO
16. 60-DAY POSTPARTUM SERVICES:			
76	R	60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for and received Medi-Cal benefits. They may continue to be eligible for postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. FFP RESTRICTED TO 60-DAY POSTPARTUM SERVICES	NO
17. QUALIFIED MEDICARE BENEFICIARY:			
80	R	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A and B premiums, coinsurance and deductibles for eligible low-income aged, blind, or disabled individuals. FFP RESTRICTED TO MEDICARE EXPENSES	NO
18. SSI/SSP REDUCTION BENEFICIARIES (23, 27, 4.9 PERCENT)			
1A PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-AGED (PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
2A PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-BLIND (PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC	NO
3D PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-FAMILY NO SOC (PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC	NO
3F PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-FAMILY SOC (PENDING IMPLEMENTATION) FFP AFTER STATE OBLIGATES SOC	YES
4D PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-DISABLED (PENDING IMPLEMENTATION) FFP AFTER STATE OBLIGATES SOC	YES
19. COUNTY MEDICAL SERVICES PROGRAM:			
50	R	CMSP MI-Restricted. Covers persons who have undetermined immigration status. RESTRICTED TO CMSP EMERGENCY SERVICES ONLY	Y/N
8F		CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53, to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full scope CMSP coverage for those services not covered by Medi-Cal.	Y/N
84	R	CMSP MI-A. Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent. NON-FFP CMSP SERVICES ONLY	NO
85	R	CMSP MI-A. Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent. NON-FFP CMSP SERVICES ONLY	YES

SECTION NO.:

MANUAL LETTER NO.: 165

DATE: 7/3/96

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AID CODE	BEN-EFIT	PROGRAM	SOC
88	R	CMSP MI-A/Disability Pending. Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Non-FFP CMSP SERVICES ONLY	NO
89	R	CMSP MI-A/Disability Pending. Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Non-FFP CMSP SERVICES ONLY	YES
20. GENERAL RELIEF (GR) /GENERAL ASSISTANCE (GA) 90-99			
21. OTHER INDICATORS AND IDENTIFIERS:			
40		An Artificial aid code for ADAM so that DSB can bill DSS for the costs associated with processing these cases through IEYS.	
9A		The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic, and case management. Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).	
9C		The Expanded Access to Primary Care (EAPC) program. EAPC claims can be identified for processing by EDS separately from the Medi-Cal program.	
9X		FOSTER CARE INELIGIBLE CASES PAID BY COUNTY-ONLY FUNDS- When a child has been determined ineligible for foster care based on state and federal rules, some counties still pay benefits with county-only funds. This code is for SAWS purpose to identify foster care ineligible cases paid by county-only funds.	

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AID CODE	BEN- EFIT	PROGRAM	SOC
IE		Ineligible. A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.	
RR		Responsible Relative. An RR is allowed to use medical expenses to meet the SOC for other family members associated within the same case. An RR person may be eligible for Medi-Cal benefits in another case where the person is not identified as RR.	
22. SERVICES ONLY- OPTIONAL CODES- NO MEDI-CAL ISSUED:			
11		AGED-SO. Aid to the Aged-Services Only. Persons age 65 years or older who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income. (OPTIONAL)	
21		Blind-SO. Aid to the Blind-Services Only. Persons who meet the federal criteria for blindness and do not receive a cash grant, but are receiving social services as income. (OPTIONAL)	
31		AFDC-Family Group-Services Only See Aid Code 30 for definition of AFDC-FG. Families who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income eligibles with or without regard to income.	
41		AFDC-Foster Care-Services Only Families in the Foster Care Program who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income.	
61		Disabled-SO Aid to the Disabled-Services Only- Persons who meet the federal definition of disability who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income. (OPTIONAL)	
23. FOOD STAMP PROGRAM:			

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AID CODE	BEN-EFIT	PROGRAM	SOC
09	FS	Food Stamp Program—Participants are not public welfare recipients, but need a case number to receive food stamps.	
24. MINOR CONSENT:			
7H PENDING	R	Restricted to minors who are at least 12 years of age, limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, and sexual assault services. This aid code may have a share of cost. This aid code is not to be used for outpatient mental health services.	Y/N
7H PENDING	R	Income Disregard Program. Provides family planning, pregnancy and postpartum services for any pregnant minor consent female whose income is at or below 200% of the federal poverty level. FFP RESTRICTED TO FAMILY PLANNING, PREGNANCY AND POSTPARTUM SERVICES	N
7P PENDING	R	Restricted to minors who are at least 12 years of age, limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, sexual assault services, and outpatient mental health treatment and counseling. This aid code may have a share of cost.	Y/N
7R PENDING	R	Restricted to minors under age 12 and limited to pregnancy and pregnancy-related services, family planning, and sexual assault services. This aid code is not to be used for outpatient mental health services or drug and alcohol abuse. This aid code may have a share of cost.	Y/N
25. CASH GRANTS: (No Medi-Cal Issued)			
05		Seriously Emotionally Disturbed (SED). Cash grant only for residential placement necessary for education. No Medi-Cal issued.	
12		Aid to the Aged-Special Circumstances (Aged-SC- Optio. ~I)— Special circumstances payments to aged adult recipients of SSI/SSP and SSP only. No Medi-Cal issued.	
22		Aid to the Blind-Special Circumstances (Blind-SC-Optional) Special Circumstances payments to blind adult recipients of SSI/SSP only. No Medi-Cal issued.	

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AID CODE	BEN-EFIT	PROGRAM	SOC
62		Aid to the Disabled-Special Circumstances (DISABLED-SC-Optional). Special circumstances payments to adult recipients of SSI/SSP and SSP only. No Medi-Cal issued.	
8A		Qualified Disabled Working Individual (QDWI). Provides state paid Medicare Part A premiums for working disabled individuals under age 65. No Medi-Cal issued. FFP	
8C		Specified Low-Income Medicare Beneficiaries (SLMB). Provides state paid Medicare Part B premiums for certain specified low-income Medicare beneficiaries. No Medi-Cal issued. FFP	

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5B--FOUR-MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL AND WEDFARE

1. FOUR-MONTH CONTINUING COVERAGE

The original Medi-Cal regulations [Title 22, California Code of Regulations (CCR), Section 50243] allowed persons who were discontinued from Aid to Families with Dependent Children (AFDC) due (wholly or in part) to the collection or increased collection of child/spousal support four months of no-cost Medi-Cal provided they were receiving AFDC in at least three of the six months prior to the month they became ineligible for AFDC. This program was effective August 1, 1984. Benefits shall begin the month in which the family became ineligible for AFDC or should have been considered ineligible for an AFDC payment. Therefore, if the family received no share-of-cost Medi-Cal under Edwards v. Kizer or an AFDC overpayment after the date the family became technically ineligible for AFDC, these months count towards the four month limit. The family would only receive the remainder of the four months depending on how many months were remaining.

A. Background

Section 1931(b) of Title XIX of the Social Security Act was added by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) to establish a new mandatory coverage group at Section 1931(b) of the Social Security Act. Section 1931(b) requires that Medi-Cal be provided to low-income families, who met the provision of the July 16, 1996 AFDC program (or more liberal provisions at State option). Section 161 of AB 1542 (Chapter 270, Statutes of 1997) established the California Work Opportunity and Responsibility to Kids (CalWORKs) program which was implemented January 1, 1998. Persons receiving CalWORKs continue to receive automatic Medi-Cal under Section 1931(b), but it is not necessary to be receiving CalWORKs to be eligible for Section 1931(b). If they are terminated, are not eligible for, or chose not to apply for CalWORKs, they must be evaluated for Section 1931(b)-Only.

Those that met the requirements for Section 1931(b) would remain on that program until some change caused them to be ineligible. Those persons who received CalWORKs for three of the last six months, were terminated from CalWORKs due to increased collection of child/spousal support and are not eligible for Section 1931(b) would then receive Four-Month Continuing coverage as described in Section 1931(c). Persons who received Section 1931(b)-Only for three of the last six months and are terminated for increased child/support are also eligible for Four-Month Continuing even if they were never a recipient of CalWORKs.

B. Conditions of Eligibility

Once determined eligible, the only other requirements for this program are that the family must contain a deprived child as defined in the Section 1931(b) program and reside in California. Should the person(s) leave California but then return to California prior to the expiration of the four months, he/she may receive the remainder. Persons who were terminated from a cash program similar to CalWORKs in another state are not entitled to Four-Month Continuing benefits in California.

C. Determining the Causal Relationship ("Wholly or in Part")

There must be a causal relationship between the support increase and the ineligibility for CalWORKs or Section 1931(b). For example, the family may be terminated from CalWORKs due to a change in family circumstance at the same time that support increased. If this increase would not in itself be the cause of the CalWORKs termination, the family would not be eligible for Four-Month Continuing benefits. Four-Month Continuing is allowed if the increase or collection of support is not enough to terminate the family from AFDC, but the increase would if combined with another circumstance, e.g., an increase in unearned income.

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Example 1: A Section 1931(b) family of four receives \$300 in countable child support for two of three children. The third child turns 19 and moves out of the household. Assume that because the income exceeds the standard for assistance for a family of three, the family is ineligible for Section 1931(b). Four-Month Continuing benefits are not granted because there was no increase in support collection; ineligibility was caused by the adjustment in the standard of assistance.

Example 2: A CalWORKs family receives \$325 in countable child support. The applicable standard of assistance is \$775 for a family of that size. In the next month the countable support increases to \$650 and at the same time one of the older children leaves home. The standard of assistance is reduced to \$624 due to the reduction of family size and the family became ineligible for CalWORKs. Four-Month Continuing benefits were granted because although the increase in support collection was not sufficient in itself (wholly) to cause ineligibility, when combined (in part) with the reduction in the standard of assistance, the family lost eligibility.

Example 3: A Section 1931(b) family receives \$300 in countable child support and \$200 in Title II benefits. The applicable standard of assistance is \$624 for a family of that size. In the next month both the child support and Title II increase by \$150. The family's income (now at \$650) makes them ineligible due to excess income. Because the increase in Title II benefits and child support were both necessary to cause ineligibility, that is, the child support actively contributes to ineligibility, the family is eligible for Four-Month Continuing benefits.

D. Medi-Cal Family Budget Unit (MFBU) Composition

Persons receiving Four-Month Continuing Medi-Cal shall be ineligible members of the MFBU when determining Medi-Cal eligibility for other family members and may use their noncovered Medi-Cal health care costs to reduce the other family members' share of cost (SOC) in accordance with Section 50379.

E. Intercounty Transfer Process (ICT)

When a family receiving Medi-Cal benefits under the Four-Month Continuing Medi-Cal coverage moves from the first county to the second county, an ICT must be initiated by the first county to the second county. The first county is responsible for case activities and benefit issuance until the last day of the final month in which eligibility exists for the family under the Four-Month Continuing Medi-Cal coverage. If a beneficiary becomes ineligible during the transfer period, the first county is responsible for the issuance of any notices to the beneficiary. The second county is responsible for determining new Medi-Cal eligibility under other programs when the four-month eligibility period ends. Through mutual agreement, the first county may transfer the responsibility of all case activities to the second county before the four-month eligibility period expires. (See MEPM Article 3D-3.)

F. Aid Codes

Persons who are eligible for Four-Month Continuing should be reported to MEDS under aid code 54. Because PRWORA also allows aliens who do not have satisfactory immigration status (SIS) to receive Section 1931(b) if they meet the income, property and deprivation requirements of the old AFDC program, they are also eligible for restricted benefits under the Four-Month Continuing program. This aid code is 5W. Persons who are no longer eligible for 5W are not eligible for aid code 38 because they are not entitled to a full scope card.

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2. TRANSITIONAL MEDI-CAL (TMC)

Effective in California on April 1, 1990, (pursuant to the Family Support Act of 1988, which added Section 1925 to Title XIX of the Social Security Act), the TMC program increased no-cost continuing Medi-Cal from four to a maximum of twelve months for families who were discontinued from AFDC due to an increase in the earnings or hours from employment of the caretaker relative, or principal wage earner. Section 1925 also replaced the Nine-Month Continuing Eligibility program which offered nine months of continuing eligibility for persons who were discontinued from AFDC due solely to the expiration of the \$30 plus 1/3 or the \$30 earned income disregard. Under TMC, persons received a maximum of 12 months of no-cost Medi-Cal providing that they were members of a family who received AFDC in at least three of the six months immediately preceding the month in which they became ineligible for AFDC. Since this program was an incentive for families to obtain full time employment, increases in non-job related earned income such as state disability income which cause AFDC ineligibility did not qualify the family for TMC.

On January 1, 1998, pursuant to PRWORA and state law, Section 1931(b) of the Social Security Act as described above in Four-Month Continuing Coverage, was implemented. Now, any reference to AFDC has been changed to mean the CalWORKs or the Section 1931(b) program. Neither CalWORKs nor Section 1931(b) has time limits on their earned income disregard although there are time limits on receipt of aid for adults. For recipients, these programs do not base unemployment on the 100-hour rule, i.e., on hours of employment; however, increased earnings from employment can make them ineligible for both programs. As with Four-Month Continuing Medi-Cal, all persons terminated from CalWORKs for increased earnings from employment must first be evaluated for Section 1931(b). If they are eligible, they may remain on the Section 1931(b) program indefinitely. If they are not eligible, they are evaluated for TMC.

Effective October 1, 1998, Section 73 of AB 2780 (Chapter 310, Statutes of 1998) added Section 14005.81 to the Welfare and Institutions (W&I) Code which established a second year of state-only funded TMC for persons who received the first year of TMC and who are age 19 years old or older. Counties were requested to report any pregnant women to MEDS if they were eligible for the Income Disregard (200 Percent) program with the second year TMC aid code and the appropriate secondary Percent program aid code in order to claim federal financial participation. There was no Edwards process for those being terminated from the second year of TMC. Counties were to evaluate those persons for any other Medi-Cal program as usual. Effective September 30, 2000, Senate Bill 87 (Chapter 1088, Statutes of 2000) amended Section 14005.81 of the W&I Code that eliminated quarterly status reporting for the second year of Transitional Medi-Cal. A request to waive federal law and eliminate status reporting for the first year of TMC was denied by the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). AB 1762 (Chapter 230, Statutes of 2003) eliminated the state-only second year of TMC. No new persons were added to this program after September 30, 2003. Counties were required to determine whether those persons were eligible for any other program prior to terminating them.

The following examples illustrate situations in which the family may or may not be eligible for TMC coverage:

Example 1: A family received CalWORKs for 18 months. The parents were terminated because the time limit to receive aid expired, but the children continued on CalWORKs. The parents were determined eligible for Section 1931(b) (Aid Code 3N). In the next month, because the PWE's earnings increased, the family was terminated from cash and Section 1931(b). Because the children were eligible for CalWORKs and the parents for Section 1931(b) in three of the last six months, the family is entitled to TMC.

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Example 2: A family is receiving CalWORKs. The PWE just started working over 100 hours. The PWE would not be subject to the 100-hour rule. However, assume the increase in earnings makes the family ineligible for CalWORKs. The county evaluates the family for Section 1931(b). Assume the family's income does not exceed the Section 1931 (b) limits. This family is on Section 1931(b) and does not need TMC.

A. Period of Eligibility

Benefits shall begin the month in which the family became ineligible for CalWORKs or Section 1931(b). If the family received no share-of-cost Medi-Cal under aid code 38 or a CalWORKs overpayment occurred after the date the family became technically ineligible for CalWORKs, those months count towards the 12 month TMC limit and the family would only receive the remainder the 12 months depending on how many months were remaining. The same rule applies if the family should have been terminated from Section 1931(b) Only or the family moves out of state then returns within the Initial or Additional TMC period.

Example 1. (Prior to the Implementation of the Section 1931(b) program)

If the family inadvertently received Medi-Cal-Only under aid code 38 rather than TMC for three months, the family would only receive the remaining three months of initial TMC (aid code 39). Since the same zero share-of-cost Medi-Cal is available under TMC and aid code 38, counties do not have to make any retroactive adjustments for the first three months. However, if theoretically, the family received Medi-Cal with a SOC during the first three months, the county would have to ensure the family received zero SOC TMC for the first three months.

Example 2. (After the Implementation of the Section 1931(b) program)

Persons terminated from CalWORKs must be evaluated for Section 1931(b) prior to the county determining eligibility for TMC. If they are eligible for Section 1931(b), they would remain on that program until some change caused them to be ineligible. Those persons who received CalWORKs for three of the last six month, were terminated from CalWORKs due to increased earnings and are not eligible for Section 1931(b) would then receive TMC. Persons who received Section 1931(b)-Only for three of the last six months and are terminated for increased earnings or hours of employment are also eligible for TMC even if they were never a recipient of CalWORKs.

B. Conditions of Eligibility

1. Initial Six-Month Period

The first six-month period has no eligibility requirements other than the family must continue to have a child living in the home and the family must reside in California. Persons age 18 or older are not eligible as children for CalWORKs, Section 1931(b), or the first year of TMC unless they are 18, enrolled in school and expected to graduate before their 19th birthday.

2. Additional Six-Month Period

The additional six-month period requires that in addition to the above requirements, that the family must remain employed unless good cause exists, received Initial TMC for the entire six-month period, and meet certain reporting requirements unless good cause for failure to report exists. The family's average gross monthly earnings less child care costs necessary for the employment of the caretaker relative or principal wage earner may not exceed 185 percent of the FPL for a family of the same size.

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Example A: The only child left the home in the third month of the Initial TMC period. The family was terminated from TMC. In the fifth month, the child returned. The family is eligible to receive the remaining two months of the Initial TMC period; however, they are not eligible for additional TMC because they did not receive the entire initial six months of TMC.

Example B: The family moved to another state in the first month of the Initial TMC period. Although the family continues to meet all the TMC requirements, benefits must be discontinued because they are no longer in California. The family returned to California in the third month of the Initial TMC period. They may receive the remainder of the Initial six-month period and the six months of Additional TMC if they are otherwise eligible since the family continued to be eligible for TMC even though they did not actually receive TMC when they were living out of state. This is an exception to the rule that the family must have actually received the entire Initial period of TMC. This rule also applies to the second six month period.

C. Determining the TMC Family Members

1. Eligible Persons

In addition to the individuals who were included in the CalWORKs or Section 1931(b) family unit at the time the family lost eligibility, those who did not receive, but who were members of a family who received CalWORKs or Section 1931(b) and family members who enter the home during the Initial or Additional six-month period may be added to the TMC case.

These persons include:

- Newborn or adopted children.
- Persons under CalWORKs sanction for failure to cooperate with GAIN or other sanctions whose income was included in that unit.
- Persons who would have been considered family members for CalWORKs or Section 1931(b) if they had been in the home in the month the family was determined to be ineligible or whose income and resources would have or were counted in the budget regardless of whether deprivation exists now.
- Persons in the family who were terminated from Supplemental Security Income (SSI) due to increased earnings from other family members on CalWORKs or Section 1931(b).
- Other CalWORKs sanctioned or ineligible persons such as undocumented aliens, fleeing felons, etc. whose income but not needs were included in that unit or who were receiving Section 1931(b).
- Children, parents, or spouses who are members of a family who are eligible for TMC.

The earned income of an individual who has entered or returned must be included in the gross family TMC income assessment if he/she wishes to receive TMC. Persons added to the TMC case only receive TMC for the remainder of the family's TMC period. NOTE: An absent parent or spouse who returns home with earnings from employment which causes the family to lose CalWORKs or Section 1931(b) no longer qualifies the family for TMC. (See Wedfare). NOTE: MEDS allows counties to add persons to TMC who were not in a CalWORKs, Edwards, or Section 1931(b) aid codes in the previous month.

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2. Ineligible Persons

The following persons are not eligible for TMC:

- Persons who were not eligible for CalWORKs or Section 1931(b) and whose income and resources were not counted when determining family members who were receiving CalWORKs or Section 1931(b) such as the non-needy caretaker relative.
- Persons terminated from CalWORKs or Section 1931(b) due to the change in the treatment of state disability insurance (SDI) payments from unearned to earned income are not eligible for TMC since this is not considered actual earnings from employment.
- Persons who were convicted of fraud during the last six months in which the family was receiving Section 1931(b)-Only are also not eligible for TMC.
- Persons who remain eligible for Section 1931(b) because they are a Sneed class member and they are in a separate MBU.
- Persons who do not meet the CalWORKs definition of a child (over 18 and not enrolled in school and expected to graduate by age 19) are not eligible for TMC unless they met the definition of a child when Initial TMC was approved. A child who becomes an adult during the TMC period may remain in TMC unless he/she is the youngest child in the home. In that case, the entire family must be terminated from TMC.
- Family members who were terminated from CalWORKs or the 1931(b) program due to the loss of deprivation when a parent or spouse with earnings from employment returns home or is added to the family. This was a Wedfare case and that program has ended.

3. Persons Leaving the Home

TMC will continue for families if the parent/spouse or children leave the home in either the Initial or Additional TMC period; however, the remaining TMC family must continue to reside in the State and include a child. The family size will be reduced when comparing average earned income during the Additional six-month period since the person(s) who left will no longer be included in the MFBU. The family's earned income may also be reduced to the extent the person who left had earned income. If the family size has changed during the preceding three-month period, use the current family size.

D. Determining the Causal Relationship ("Entirely or Partially")

Loss of CalWORKs or Section 1931(b) eligibility would be considered to be "because of" an increase in hours or earned income if the increase in hours or earned income from employment was, by itself or in combination, sufficient to make the family ineligible.

Step 1.

Determine if the increase in hours or earnings from employment would have resulted in the loss of CalWORKs or Section 1931(b) eligibility if all other factors in the case remained the same (i.e., as if there were no other change in income, no change in family composition, no change in income standards, etc.) If yes, the family is eligible for TMC. If no, go to Step 2

Step 2.

Determine if events other than the increase in hours or earnings from employment would have resulted in loss of CalWORKs or Section 1931(b) eligibility if the income (hours or disregards) had stayed the same. If yes, the family is not eligible for TMC. Do not go to Step 3. If no, go to Step 3.

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Step 3.

Determine whether the family is ineligible for CalWORKs or Section 1931(b) when all changes are considered. If yes, the family is eligible for TMC. The increase in earnings from employment was essential to the loss of CalWORKs or Section 1931(b) eligibility. Without that increase, the family would not have lost CalWORKs or Section 1931(b) eligibility.

Example A: The caretaker relative, in a family with no other income, becomes employed on June 1 and reports countable earned income of \$400 in June. At the same time the caretaker relative reports that beginning with June, the family is receiving monthly unearned income of \$800. Assume the CalWORKs standard is \$775 and the family is no longer eligible for CalWORKs or Section 1931(b) in June due to excess income which is both earned and unearned.

Step 1. Did the increase in income result in termination if all other factors remained the same? The answer is "no". The earned income of \$400 alone did not result in the loss of CalWORKs or Section 1931(b). That is, if all other factors in the case remained the same, (the \$800 unearned income did not begin), the \$400 would not have caused ineligibility. Continue to Step 2.

Step 2. Did other events cause the termination? The answer is "yes". The unearned income alone would have resulted in the loss of CalWORKs or Section 1931(b). Therefore, the family is not eligible for TMC. Do not continue to Step 3.

That is, the \$800 increase in unearned income was sufficient alone to make the family ineligible for AFDC even if all other factors stayed the same.

Example B: The principal wage earner (PWE), in a family with no other income, becomes employed on June 1 and reports countable earned income of \$700 in June. In July, one child leaves the household. As a result, the income standard for the family in July is reduced to \$624. The family is no longer eligible for Section 1931(b) in July due to excess income, all of which is earned. However, the family is not eligible for TMC because the earnings of the PWE did not increase in July, the month in which Section 1931(b) eligibility was lost.

Example C: A caretaker relative is employed and has monthly countable earned income of \$375. The caretaker relative reports that she no longer has to pay for day care in June because free care is available. Without child care expenses, her countable earned income increased to \$750 in June.

The family is no longer eligible for Section 1931(b) in June because of excess income. However, the family is not eligible for TMC because the earnings of the caretaker relative did not increase in June, the month in which Section 1931(b) eligibility is lost.

Example D: A mother and her child are recipients of Section 1931(b) on the basis of absence of the father. The father returns home and is determined to be the PWE. He is working over 100 hours and the parent's earned income is over the U- Parent limit which is required because there has been a change in deprivation. The family's income is also over the Section 1931(b) limit. This family is not eligible for TMC because the family was discontinued from Section 1931(b) due to loss of deprivation (and a change in family composition) rather than increased hours or earnings from the father's employment. NOTE: The Wedfare program (described in Section 3) is no longer applicable.

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E. Reporting Requirements

1. The family should receive a Notice of Action (NOA) upon approval of TMC which also inform them to keep their earning and child care receipts.
2. In the third month, the MC 176 TMC status report should be sent to the family informing them to report by the 21st day of the next month (fourth), the family's gross monthly earnings and the cost for child care necessary for the employment of the caretaker relative or principal wage earner for the preceding three months (months 1, 2, and 3). In the sixth month, the MC 176 TMC status report should be sent to the family informing them to report the same information by the 21st day of the next month (seventh), for each of months 4, 5, and 6 and in the tenth month for months 7, 8, and 9.

This status form (MC 176 TMC) has been revised so that more information is requested so that the county can evaluate the family for other Medi-Cal programs if the family is no longer eligible for TMC. The earnings from employment and child care costs are used to determine whether the family is eligible for the additional six months. If the income goes down, the family should be reevaluated for Section 1931(b) or other no cost Medi-Cal programs. Families who fail to report by the 21st day of the required months must be provided a ten-day notice prior to termination unless the county determines that they have good cause for filing late as specified in Title 22, Section 50175 of the California Code of Regulations.

F. Determining Earned Income

Family earnings must remain at or below 185 percent of the FPL to be eligible for additional TMC. The average monthly gross earnings for the preceding three-month period after deduction of any monthly child care expenses necessary for the employment of the caretaker are compared to 185 percent of the FPL for the current family size even if some family members are not eligible for TMC. Child care expenses that are reimbursed by the State are not allowable nor are any other deductions. Family earnings include those of a child as well as the parent(s) or parent and stepparent. Sneede rules apply. Persons who are not eligible for TMC and are receiving Medi-Cal under another program such as the Section 1931(b), Medically Needy, or Medically Indigent program (except PA or Other PA) are included in the TMC case to determine family size. Their earnings from employment are counted to determine whether the family is eligible for the second six months of TMC. A person who is not receiving any Medi-Cal benefits and does not wish to be added to the TMC case, such as a absent parent returning home during the TMC period of his family, is not required to be included and his/her income is not counted, nor is he/she considered in the family size.

Example: The Smith family budget (four members of the household).

<u>Month</u>	<u>Gross Earned Income</u>	<u>Child Care Expenses</u>
May	\$200	\$ 95
June	\$300	\$105
July	<u>\$400</u>	<u>\$100</u>
Total	\$900	\$300

Average Monthly Gross Income = \$900 divided by 3 = \$300
Average Monthly Child Care = \$300 divided by 3 = \$100
Adjusted Monthly Income \$200

A family is income eligible for TMC when its "adjusted" monthly income is less than or equal to 185 percent of the FPL for a family of that size. For purposes of the TMC program, adjusted monthly income is the family's average monthly gross income less the family's average monthly expenses for child care. Thus, in the above example the family is income

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eligible for TMC because its adjusted monthly income of \$200 is less than 185 percent of the FPL for four persons. After calculating the adjusted monthly income, round it to the nearest dollar before comparing to the 185 percent of the FPL income standard. Use the usual Medi-Cal rounding rules: if the decimal number is .49 or less, round down; and if the decimal number is .50 or larger, round up. Unearned income is not counted when computing this income test. Individuals receiving TMC are not affected by excess resources.

NOTE: Self employed persons are allowed to deduct actual business expenses from their gross earnings, but they are not allowed the 40 percent "deduction" from their total business revenue as may be allowed in the Section 1931(b) program.

If the family had no earnings in one or more of the months in the preceding three-month period unless the lack of earnings were due to involuntary loss of employment or illness, the family is no longer eligible for TMC. Evaluate the family for Section 1931(b). NOTE: It may be more beneficial to put the family back on Section 1931(b) even though they are still eligible for TMC if they involuntarily lost their job or the PWE is now incapacitated.

G. Intercounty Transfer

Persons receiving TMC who move to another county are treated no differently from any other family receiving regular Medi-Cal in accordance with Section 50137.

H. Aid Codes

39 Initial TMC Full Scope

Persons who are eligible for initial TMC should be reported to MEDS under aid code 39.

59 Additional TMC Full Scope

Persons who are eligible for additional TMC should be reported to MEDS under aid code 59.

3T Initial TMC (Emergency and Pregnancy-Related Benefits Only)

This initial six-month aid code should be used for aliens who do not have satisfactory immigration status (SIS).

5T Additional TMC (Emergency and Pregnancy-Related Benefits Only)

This additional six-month aid code should be used for aliens who do not have SIS.

I. MFBU Composition, Linkage, and Sneede v. Kizer

Persons receiving TMC shall be ineligible members of the MFBU of those persons who are not eligible for TMC when determining Medi-Cal eligibility for other family members and may use their noncovered Medi-Cal health care costs to reduce other family members' or responsible relatives' share of cost in accordance with Section 50379 and the Sneede v. Kizer lawsuit settlement.

It is possible that some persons will be eligible for Section 1931(b) and some will be eligible for TMC because deprivation still exists for certain family members. For example, assume unmarried parents with mutual and separate children are eligible for Section 1931(b) based on the father's incapacity. The father recovers and is determined to be the Principal Wage Earner. Since he is working 100 hours or more and there has been a change in

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circumstances, the earned income U-Parent test is required to determine whether deprivation continues. The family fails this test. Dad and the mutual children are eligible for TMC due to increased hours of employment, but the mother and her separate children are still income eligible for Section 1931(b) as recipients based on absence of the separate children's father. It is also possible that a family is eligible for TMC, but their 20 year old "child" is not because he/she does not meet the definition of a child for Section 1931(b) or the first year of TMC. He is aided as an MI.

Due to Sneede rules, some persons may continue to be eligible for Section 1931(b) even if some of the other family members are over the income or resource limits and eligible for TMC. Section 1931(b) persons may continue to receive Medi-Cal until they are no longer eligible. If they have received Medi-Cal under the Section 1931(b) program for three of the last six months, and have been terminated for increased hours or earnings from employment, they are then entitled to TMC for the entire TMC period if they remain eligible even though other members of the family have already been receiving TMC in prior months. They will have status reporting due dates different from the other members of the family who began TMC in earlier months.

J. Returning to CalWORKs or Section 1931(b)

If a family returns to CalWORKs or Section 1931(b) during any of the TMC periods and is then terminated due to another reason which does not meet the requirements of TMC, e.g., is not related to employment or does not meet the three out of the preceding six-month requirement, the family is eligible for the remainder of the original TMC period if they are otherwise eligible. The months of zero share-of-cost Medi-Cal which the family received when they returned to CalWORKs, aid code 38, or Section 1931(b) are counted as if TMC were received in those months, i.e., they are counted as part of Initial or Additional TMC for purposes of determining the remaining months in the original TMC period. If they meet the requirements of TMC when terminated, they are evaluated again for a new initial TMC period.

Example: The family was terminated from CalWORKs due to increased hours or earnings from employment of the caretaker relative. They received TMC for four months. The caretaker became unemployed and the family was again eligible for CalWORKs. After two months, the caretaker found another job and was terminated from CalWORKs. The family is not eligible for a new Initial TMC period because they did not receive CalWORKs or Section 1931(b) for three out of the preceding six-month requirement. They are eligible to receive an additional six months of the original TMC period (if all other eligibility criteria are met) because the two months of CalWORKs cash-based Medi-Cal counted as if TMC were received and this completes the initial TMC period.

K. The TMC Flyer

Senate Bill (SB) 391, Chapter 294, Statutes of 1997, amended Section 14005.76 of the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to implement certain informing provisions in the TMC program. The first informing provision was to be implemented May 18, 1998. This section now requires that:

- A written TMC notice (flyer) be given to CalWORKs and Section 1931-Only recipients at the time that Medi-Cal eligibility is conferred and every six months thereafter. The Department developed a TMC flyer and form to meet this requirement. Counties are responsible for providing the flyer and form to new beneficiaries. Counties may provide the flyer and notice to applicants rather than newly approved beneficiaries if it is more convenient. DHS will mail the flyer and notice to these persons every six months.

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- The above flyer and form are to be provided to recipients when they are terminated from Section 1931-Only for failure to meet reporting requirements.

Assembly Bill 2780, Chapter 310, Statutes of 1998, Section 11265.9 of the Welfare and Institutions Code required the Department of Social Services (DSS) to send a brief summary of the requirements of TMC and a form which can be returned when any individual or family is discontinued from CalWORKs for reasons other than fraud. However, DSS stated in All County Information Notice No I-08-02 on January 28, 2002, that this flyer and form will be discontinued because SB 87, Chapter 1088, Statutes of 2000, requires that all persons who are terminated from CalWORKs must continue to receive ongoing Section 1931(b) benefits until they are determined ineligible.

L. Questions and Answers

1. Should counties terminate the family from TMC if the only child turns 18 and is not enrolled in school and expected to graduate before age 19 or was enrolled in school and turns 19 during the TMC period?

Yes. The family must have at least one eligible child living in the home to receive TMC.

2. If married parents with mutual and separate children were terminated from Section 1931(b) due to increased earnings and are eligible for TMC, but one child with income was previously only eligible for the Percent programs and now has a share of cost, is the child also now eligible for TMC ?

Yes. The child may be added to the TMC case with the parent.

3. Is the family eligible for TMC if they lose CalWORKs or Section 1931(b) due to increased earnings from State disability, or temporary Workers Compensation?

No. Only an increase in earnings from actual employment can make the family eligible for the TMC program.

4. If a family's income drops while receiving TMC, should counties redetermine eligibility for Section 1931(b) or CalWORKs?

Yes. Section 1931(b) is more beneficial to the family since there are no time limits. However, the family must pass the U-Parent earned income test if the PWE is working 100 hours or more and must meet applicant rules if they do not return to Section 1931(b) within four months.

5. If a family received CalWORKs for two months before being terminated and Section 1931(b) for two months before being ineligible due to increased earnings from employment, can they have TMC based on receiving CalWORKs or TMC for three of the last six months?

Yes.

6. In the second six months, do we use the limit for the entire family even if there is a 20-year-old who is not receiving TMC when comparing the TMC family's average last three month's earnings minus child care deductions to 185 percent of the Federal Poverty Level? If yes, do we also include the income of other family members receiving Medi-Cal who are not eligible for TMC?

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Yes. The family size includes everyone who is a family member in the household if they are receiving TMC or other Medi-Cal with the exception of a person who is PA or Other PA. The earned income of the other family members who are being aided in another aid code is also included when comparing the total to the 185 percent limit.

7. If the TMC flyer is returned months after the CalWORKs or Section 1931(b) case has been terminated and it is determined that the family was terminated for increased earnings from employment, should the county process the case for TMC?

Yes. If the family still meets the TMC eligibility criteria, they may be eligible for TMC if they are not eligible for Section 1931(b). The county must report the TMC aid code 39 retroactively to MEDS immediately following the CalWORKs, aid code 38, or Section 1931(b) aid code when they were terminated and the family may only receive the remainder of the initial TMC period. If eligible for the next six months, they may continue.

8. May an employed parent return home and be added to the TMC case with the other parent and children?

Yes. He/she may be added if his/her income/resources would have been included in the CalWORKs or Section 1931(b) case. If he/she chooses to be added, his/her income will be counted. Once added, he/she may not be later excluded.

9. May an 18-year-old child who is not enrolled in school return home and be added to the TMC unit?

Not unless he/she would have met the definition of a child if he/she had been in the home at the time that TMC began.

10. May undocumented parents be added to the TMC unit with their children if their citizen children were terminated from CalWORKs due to increased earnings of the PWE and the family is not eligible for Section 1931(b) even if the parents never received benefits under Section 1931(b)?

Yes. The parents could receive restricted TMC benefits because they were members of a family who received CalWORKs and their income was used in the CalWORKs determination.

11. If the family is determined to have excess property during the TMC period or at the time of the TMC determination, is the family still eligible for TMC?

Yes. There are no property requirements for the TMC program.

12. May a family be discontinued from TMC for failure to complete a request for information that is not required for the TMC program?

No. Redeterminations are not required for TMC coverage and such failure to cooperate has no effect on TMC. However, counties should request the completion of forms, information, or verifications that are required to conduct a redetermination of eligibility for other Medi-Cal programs that may begin when TMC coverage ends. The redetermination for ongoing eligibility under other Medi-Cal programs must be conducted prior to discontinuance so the beneficiary is transitioned into the appropriate aid code without a break in aid.

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13. If the stepparent with no children of his/her own is not the PWE and his/her earnings from employment cause the family to lose Section 1931(b), is the family eligible for TMC?

Yes, if the parent and the stepparent agree that the stepparent is the caretaker relative. Counties are not required to verify this for TMC purposes.

14. Is there a limit to amount of child care expenses which are necessary for the employment of the parents or spouse of a parent?

No.

15. If the county receives information that would cause the TMC family to lose eligibility, e.g., the earned income went above the 185 percent FPL limit in the Additional TMC period, may the county take action to terminate the family prior to the date the TMC status report is due?

No. Federal law only requires the family to report on specific dates and the earned income must be the average of the previous three months minus child care expenses.

16. A caretaker relative aunt and child were receiving CalWORKs until the aunt became employed and was discontinued from CalWORKs. The child continues to be eligible for CalWORKs. The aunt was determined not eligible for Section 1931(b). Is she eligible for TMC?

Yes. A parent or a caretaker relative may receive TMC if he/she meets the criteria even though the child is still receiving CalWORKs.

17. If a family exceeds the 185 percent TMC income limit in months one, two, and three, but reports that in month four their income will remain below 185 percent, would they be eligible for the additional six months of TMC?

No. The income test is the average of the last three months; however, they may be eligible for Section 1931(b) if their income was below that limit.

3. **WEDFARE**

Wedfare was a federal demonstration project initiated by the Department of Social Services that was effective October 1, 1995, and provided TMC to families who were discontinued from AFDC due to marriage or the reuniting of spouses. These families were discontinued because of excess assets, excess income, or they no longer met the deprivation requirements. This program did not apply to unmarried parents who reunited. This program did not apply to certain control cases in some counties. The same basic rules, regulations, and aid codes applied to persons receiving TMC due to the Wedfare program as those receiving TMC due to the loss of the disregard or increased hours or earnings from employment. Wedfare persons were not eligible for the Second Year of TMC. This special waiver group ended June 30, 1999. Families who were receiving TMC under the Wedfare provision continued receiving benefits until their maximum of one-year federal TMC benefits was completed.

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4. FORMS (English and Spanish)

1. MC 176 TMC Quarterly Status Report	Revised	11/00
2. MC 176 TMC (SP) Quarterly Status Report	Revised	11/00
3. MC 176 TMC A Quarterly Status Report (Pin Fed)	Revised	11/00
4. MC 176 TMC A (SP) Quarterly Status Report (Pin Fed)	Revised	11/00
5. MC 239 TMC-1 Approval	Revised	9/03
6. MC 239 TMC-1 (SP) Approval	Revised	9/03
7. MC 239 TMC 2 Denial/Discontinuance	Revised	8/03
8. MC 239 TMC 2 (SP) Denial/Discontinuance	Revised	8/03
9. TMC Flyer and the MC 325 Back	Revised	1/04
10. MC 323 Four-Month Continuing Approval	Revised	8/01
11. MC 323 (SP) Four-Month Continuing Approval	Revised	8/01
12. MC 357 Four-Month Continuing Denial/Discontinuance	New	11/01
13. MC 357 (SP) Four Month Continuing Denial/Discontinuance	New	11/01

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State of California—Health and Human Services Agency

Department of Health Services

TRANSITIONAL MEDI-CAL (TMC) QUARTERLY STATUS REPORT

This status report is for the months of			Return this form no later than the 21st day of
Month 1	Month 2	Month 3	

IMPORTANT: COMPLETE, SIGN, AND RETURN THIS REPORT TO THE WELFARE DEPARTMENT IN THE ENCLOSED ENVELOPE. Attach proof of your income, actual child care expenses paid, and total hours of employment for the three months noted above. If you have any questions regarding this form or the items to be reported, contact your eligibility worker.

- **For Transitional Medi-Cal (TMC)**—You will receive status reports during this period. If you do not complete and return these reports, your eligibility for TMC will be discontinued.

PART A. DISCONTINUANCE REQUEST

I request that my **Transitional Medi-Cal** be stopped on the last day of _____
Month/Year

I know that I can reapply for **Medi-Cal** at any time. _____
Applicant signature Date

IF YOU WANT YOUR TMC ELIGIBILITY TO CONTINUE, PLEASE COMPLETE AND SIGN PART B OF THIS REPORT.

PART B. ELIGIBILITY STATUS INFORMATION

1. Did anyone receive any income, money, or benefits during the report period such as salary, wages, tips, commissions, bonuses, vacation pay? **If yes, attach proof (all pay stubs) for each report month.** ☐ Yes ☐ No

Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____

2. Did you or any family member receive money or benefits from other sources such as disability, unemployment, child support, or social security? **If yes, attach proof (all pay stubs) for each report month.** ☐ Yes ☐ No

Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Month 1	Month 2	Month 3
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MC 176 TMC (11/00)

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3. a. Did you or any family member receive free housing, utilities, food, or clothing in the report month? ☐ Yes ☐ No
 b. Did you or any family member work for housing, utilities, food, or clothing in the report month? ☐ Yes ☐ No
If yes to 4a and 4b, you must answer the three questions on the next line.

(1) What was received?	(2) Who received it?	(3) Who provided it?
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4. Did you or anyone pay for child care expenses which have not or will not be reimbursed? ☐ Yes ☐ No
 If yes, complete the following:

Name of Child(ren)	Age	Amount Paid for Child Care Expenses			Name of Child Care Provider
		Month 1	Month 2	Month 3	

5. Did you have changes in your family or household during the time specified? (Include change of address, change of child care provider, change of employment, change in property, anyone that moved into or out of your home, is pregnant, or anyone who was born or who died.) ☐ Yes ☐ No
 If yes, complete the following:

Name	Relationship	What Happened	Date

6. a. Do you or anyone have or expect to receive private health, vision, or dental insurance? (This includes insurance paid by an absent parent.) ☐ Yes ☐ No
 b. Do you have or expect to receive health insurance through your employer? ☐ Yes ☐ No
 c. Does your employer offer health insurance for a monthly premium? ☐ Yes ☐ No
 If yes, complete the following:

Name of Insurance	Person(s) Insured

CERTIFICATION

I understand that reported facts may result in benefits being changed or stopped.

I understand that the statements I have made on this form are subject to investigation and verification.

I understand that I must notify my worker within ten days of any change.

I understand that failing to report facts or giving wrong or incomplete facts can result in legal prosecution with penalties of a fine, imprisonment, or both.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND IS COMPLETE FOR THE ENTIRE REPORT PERIOD.

Signature or mark of applicant	Date	Phone number ()
Signature of witness to mark, interpreter, or other person	Date	Phone number ()

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

REPORTE TRIMESTRAL SOBRE LA SITUACIÓN MEDI-CAL DE TRANSICIÓN (TMC)

Este reporte es para los meses de			Devuelva este formulario a más tardar el día 21 de
Mes 1	Mes 2	Mes 3	

IMPORTANTE: COMPLETE, FIRME Y DEVUELVA ESTE REPORTE AL DEPARTAMENTO DE BIENESTAR SOCIAL EN EL SOBRE ADJUNTO. Adjunte comprobante de sus ingresos, los gastos reales pagados por el cuidado de niños y el total de horas de empleo de los tres meses indicados anteriormente. Si tiene alguna pregunta referente a este formulario o a los artículos que se deben reportar, comuníquese con su trabajador(a) de elegibilidad.

- Para Medi-Cal de Transición (TMC)—Usted recibirá reportes sobre la situación durante este período. Si no completa y devuelve estos reportes, se discontinuará su elegibilidad para recibir beneficios de TMC.

PARTE A. PETICIÓN DE DESCONTINUACIÓN

Pido que mi *Medi-Cal de Transición* pare el último día de

Mes/Año

Sé que puedo volver a solicitar *Medi-Cal* en cualquier momento.

Firma del/de la solicitante

Fecha

SI DESEA QUE CONTINÚE SU ELEGIBILIDAD DE TMC, POR FAVOR COMPLETE Y FIRME LA PARTE B DE ESTE REPORTE.

PARTE B. INFORMACIÓN SOBRE LA SITUACIÓN DE ELEGIBILIDAD

- ¿Recibió alguien algún ingreso, dinero o beneficios durante el período del reporte, como sueldo, salario, propinas, comisiones, bonificaciones, pago por vacaciones? Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte. ☐ Sí ☐ No

Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				

- ¿Usted o alguien de su familia recibió dinero o beneficios de otras fuentes, como seguro de incapacidad, de desempleo, manutención de niños o del seguro social? Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte. ☐ Sí ☐ No

Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí	<input type="checkbox"/> Sí
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total de horas trabajadas:				

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. ¿Recibió usted o algún familiar vivienda, servicios públicos y comunitarios, alimentos o ropa gratis en el mes del reporte? ☐ Sí ☐ No
 b. ¿Usted o algún familiar trabajó por vivienda, servicios públicos y comunitarios, alimentos o ropa en el mes del reporte? ☐ Sí ☐ No
Si la respuesta a las preguntas 4a y 4b es sí, usted tiene que contestar las tres preguntas en el siguiente renglón.

(1) ¿Qué se recibió?	(2) ¿Quién lo recibió?	(3) ¿Quién lo proporcionó?
----------------------	------------------------	----------------------------

4. ¿Usted o alguien pagó gastos por el cuidado de niños que no se han reembolsado o que no se reembolsarán? ☐ Sí ☐ No
 Si así fue, complete lo siguiente:

Nombre del/de los niño(s)	Edad	Cantidad pagada por gastos del cuidado de niños			Nombre del proveedor del cuidado de niños
		Mes 1	Mes 2	Mes 3	

5. ¿Hubo cambios en su familia u hogar durante el período especificado? (Incluya cambio de dirección, cambio de proveedor de cuidado de niños, cambio de empleo, cambio de propiedad, alguien que se mudó a o de su hogar, alguien que esté embarazada o alguien que nació o murió.) Si así fue, complete lo siguiente: ☐ Sí ☐ No

Nombre	Parentesco	¿Qué ocurrió?	Fecha

6. a. ¿Usted o alguien tiene o espera recibir seguro médico, de la vista o dental privado? (Esto incluye seguro pagado por un padre ausente.) ☐ Sí ☐ No
 b. ¿Usted tiene o espera recibir seguro médico por medio de su empleador? ☐ Sí ☐ No
 c. ¿Ofrece su empleador seguro médico a cambio de una cuota mínima? ☐ Sí ☐ No
 Si así es, complete lo siguiente:

Nombre del Seguro	Persona(s) Asegurada(s)

CERTIFICACIÓN

Entiendo que los datos reportados podrían ocasionar que los beneficios se cambien o se suspendan.

Entiendo que las declaraciones que he hecho en este formulario están sujetas a investigación y verificación.

Entiendo que tengo que notificar a mi trabajador(a) cualquier cambio en un plazo de diez días.

Entiendo que el no reportar los datos o darlos erróneos o incompletos puede resultar en enjuiciamiento legal con sanciones de una multa, encarcelamiento o ambos.

DECLARO BAJO PENA DE PERJURIO CONFORME A LAS LEYES DE LOS ESTADOS UNIDOS Y DEL ESTADO DE CALIFORNIA QUE LA INFORMACIÓN CONTENIDA EN ESTE REPORTE ES VERDADERA Y CORRECTA Y ES COMPLETA PARA EL PERÍODO TOTAL DEL REPORTE.

Firma o marca del/de la solicitante	Fecha	Número de teléfono ()
Firma del/de la testigo para la marca, intérprete u otra persona	Fecha	Número de teléfono ()

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

TRANSITIONAL MEDI-CAL (TMC) QUARTERLY STATUS REPORT

This status report is for the months of			Return this form no later than the 21st day of
Month 1	Month 2	Month 3	

IMPORTANT: COMPLETE, SIGN, AND RETURN THIS REPORT TO THE WELFARE DEPARTMENT IN THE ENCLOSED ENVELOPE. Attach proof of your income, actual child care expenses paid, and total hours of employment for the three months noted above. If you have any questions regarding this form or the items to be reported, contact your eligibility worker.

- **For Transitional Medi-Cal (TMC)**—You will receive status reports during this period. If you do not complete and return these reports, your eligibility for TMC will be discontinued.

PART A. DISCONTINUANCE REQUEST

I request that my **Transitional Medi-Cal** be stopped on the last day of _____
Month/Year

I know that I can reapply for **Medi-Cal** at any time. _____
Applicant signature Date

IF YOU WANT YOUR TMC ELIGIBILITY TO CONTINUE, PLEASE COMPLETE AND SIGN PART B OF THIS REPORT.

PART B. ELIGIBILITY STATUS INFORMATION

1. Did anyone receive any income, money, or benefits during the report period such as salary, wages, tips, commissions, bonuses, vacation pay? **If yes, attach proof (all pay stubs) for each report month.** ☐ Yes ☐ No

Name	Month 1	Month 2	Month 3
Employer/source	Income received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Total hours worked: _____	Total hours worked: _____	Total hours worked: _____

Name _____
Employer/source _____

Name _____
Employer/source _____

Name _____
Employer/source _____

Name _____
Employer/source _____

2. Did you or any family member receive money or benefits from other sources such as disability, unemployment, child support, or social security? **If yes, attach proof (all pay stubs) for each report month.** ☐ Yes ☐ No

Name	Month 1	Month 2	Month 3
Employer/source	Income received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Total hours worked: _____	Total hours worked: _____	Total hours worked: _____

Name _____
Employer/source _____

Name _____
Employer/source _____

Name _____
Employer/source _____

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. Did you or any family member receive free housing, utilities, food, or clothing in the report month? ☐ Yes ☐ No
 b. Did you or any family member work for housing, utilities, food, or clothing in the report month? ☐ Yes ☐ No
If yes to 4a and 4b, you must answer the three questions on the next line.

(1) What was received?	(2) Who received it?	(3) Who provided it?
------------------------	----------------------	----------------------

4. Did you or anyone pay for child care expenses which have not or will not be reimbursed? ☐ Yes ☐ No
 If yes, complete the following:

Name of Child(ren)	Age	Amount Paid for Child Care Expenses			Name of Child Care Provider
		Month 1	Month 2	Month 3	

5. Did you have changes in your family or household during the time specified? (Include change of address, change of child care provider, change of employment, change in property, anyone that moved into or out of your home, is pregnant, or anyone who was born or who died.) ☐ Yes ☐ No
 If yes, complete the following:

Name	Relationship	What Happened	Date

6. a. Do you or anyone have or expect to receive private health, vision, or dental insurance? (This includes insurance paid by an absent parent.) ☐ Yes ☐ No
 b. Do you have or expect to receive health insurance through your employer? ☐ Yes ☐ No
 c. Does your employer offer health insurance for a monthly premium? ☐ Yes ☐ No
 If yes, complete the following:

Name of Insurance	Person(s) Insured

CERTIFICATION

I understand that reported facts may result in benefits being changed or stopped.

I understand that the statements I have made on this form are subject to investigation and verification.

I understand that I must notify my worker within ten days of any change.

I understand that failing to report facts or giving wrong or incomplete facts can result in legal prosecution with penalties of a fine, imprisonment, or both.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND IS COMPLETE FOR THE ENTIRE REPORT PERIOD.

Signature or mark of applicant	Date	Phone number ()
Signature of witness to mark, interpreter, or other person	Date	Phone number ()

MC 176 TMC A (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

REPORTE TRIMESTRAL SOBRE LA SITUACIÓN MEDI-CAL DE TRANSICIÓN (TMC)

Este reporte es para los meses de			Devuelva este formulario a más tardar el día 21 de
Mes 1	Mes 2	Mes 3	

IMPORTANTE: COMPLETE, FIRME Y DEVUELVA ESTE REPORTE AL DEPARTAMENTO DE BIENESTAR SOCIAL EN EL SOBRE ADJUNTO. Adjunte comprobante de sus ingresos, los gastos reales pagados por el cuidado de niños y el total de horas de empleo de los tres meses indicados anteriormente. Si tiene alguna pregunta referente a este formulario o a los artículos que se deben reportar, comuníquese con su trabajador(a) de elegibilidad.

- Para Medi-Cal de Transición (TMC)—Usted recibirá reportes sobre la situación durante este período. Si no completa y devuelve estos reportes, se discontinuará su elegibilidad para recibir beneficios de TMC.

PARTE A. PETICIÓN DE DESCONTINUACIÓN

Pido que mi *Medi-Cal de Transición* pare el último día de _____

Mes/Año

Sé que puedo volver a solicitar *Medi-Cal* en cualquier momento. _____

Firma del/de la solicitante

Fecha

SI DESEA QUE CONTINÚE SU ELEGIBILIDAD DE TMC, POR FAVOR COMPLETE Y FIRME LA PARTE B DE ESTE REPORTE.

PARTE B. INFORMACIÓN SOBRE LA SITUACIÓN DE ELEGIBILIDAD

1. ¿Recibió alguien algún ingreso, dinero o beneficios durante el período del reporte, como sueldo, salario, propinas, comisiones, bonificaciones, pago por vacaciones? Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte. ☐ Sí ☐ No

Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas: _____			
Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas: _____			
Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas: _____			
Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas: _____			

2. ¿Usted o alguien de su familia recibió dinero o beneficios de otras fuentes, como seguro de incapacidad, de desempleo, manutención de niños o del seguro social? Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte. ☐ Sí ☐ No

Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre	Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ingresos recibidos? <input type="checkbox"/> Sí <input type="checkbox"/> No

MC 176 TMC A (SP) (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. ¿Recibió usted o algún familiar vivienda, servicios públicos y comunitarios, alimentos o ropa gratis en el mes del reporte? ☐ Sí ☐ No
 b. ¿Usted o algún familiar trabajó por vivienda, servicios públicos y comunitarios, alimentos o ropa en el mes del reporte? ☐ Sí ☐ No
Si la respuesta a las preguntas 4a y 4b es sí, usted tiene que contestar las tres preguntas en el siguiente renglón.

(1) ¿Qué se recibió?	(2) ¿Quién lo recibió?	(3) ¿Quién lo proporcionó?
----------------------	------------------------	----------------------------

4. ¿Usted o alguien pagó gastos por el cuidado de niños que no se han reembolsado o que no se reembolsarán? ☐ Sí ☐ No
 Si así fue, complete lo siguiente:

Nombre del/de los niño(s)	Edad	Cantidad pagada por gastos del cuidado de niños			Nombre del proveedor del cuidado de niños
		Mes 1	Mes 2	Mes 3	

5. ¿Hubo cambios en su familia u hogar durante el período especificado? (Incluya cambio de dirección, cambio de proveedor de cuidado de niños, cambio de empleo, cambio de propiedad, alguien que se mudó a o de su hogar, alguien que esté embarazada o alguien que nació o murió.) Si así fue, complete lo siguiente: ☐ Sí ☐ No

Nombre	Parentesco	¿Qué ocurrió?	Fecha

6. a. ¿Usted o alguien tiene o espera recibir seguro médico, de la vista o dental privado? (Esto incluye seguro pagado por un padre ausente.) ☐ Sí ☐ No
 b. ¿Usted tiene o espera recibir seguro médico por medio de su empleador? ☐ Sí ☐ No
 c. ¿Ofrece su empleador seguro médico a cambio de una cuota mínima? ☐ Sí ☐ No
 Si así es, complete lo siguiente:

Nombre del Seguro	Persona(s) Asegurada(s)

CERTIFICACIÓN

Entiendo que los datos reportados podrían ocasionar que los beneficios se cambien o se suspendan.

Entiendo que las declaraciones que he hecho en este formulario están sujetas a investigación y verificación.

Entiendo que tengo que notificar a mi trabajador(a) cualquier cambio en un plazo de diez días.

Entiendo que el no reportar los datos o darlos erróneos o incompletos puede resultar en enjuiciamiento legal con sanciones de una multa, encarcelamiento o ambos.

DECLARO BAJO PENA DE PERJURIO CONFORME A LAS LEYES DE LOS ESTADOS UNIDOS Y DEL ESTADO DE CALIFORNIA QUE LA INFORMACIÓN CONTENIDA EN ESTE REPORTE ES VERDADERA Y CORRECTA Y ES COMPLETA PARA EL PERÍODO TOTAL DEL REPORTE.

Firma o marca del/de la solicitante	Fecha	Número de teléfono ()
Firma del/de la testigo para la marca, intérprete u otra persona	Fecha	Número de teléfono ()

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION TRANSITIONAL MEDI-CAL (TMC) APPROVAL FOR FULL OR RESTRICTED BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

TMC IS A PROGRAM THAT PROVIDES CONTINUING MEDI-CAL BENEFITS FOR UP TO ONE YEAR FOR PERSONS NO LONGER ELIGIBLE FOR THE 1931(b) MEDI-CAL PROGRAM AS A RESULT OF EARNINGS FROM EMPLOYMENT.

- ☐ You are eligible for initial TMC for the period _____ through _____.
- ☐ You are entitled to full benefits.
- ☐ You are entitled to emergency and pregnancy-related benefits.

You will continue to receive TMC during this period if you have an eligible child in the home and remain employed. Receiving these Medi-Cal benefits does not count against any CalWORKs program time limits.

You may be eligible for an additional six months of TMC at no cost if you:

- Return the status report which the county will send you by the 21st day of _____ and are within income limits.
- Attach to the status report proof of your family's monthly gross earnings and actual child care costs paid by you. Save all your earnings statements and child care receipts.
- ☐ You are eligible for an additional six months for the period _____ through _____.

To remain eligible for the additional six months of TMC, you will be required to complete and return two status reports sent to you by the county during this period. The first report will be due by the 21st day of the first month and the second report will be due by the 21st day of the fourth month of this additional six-month period. You must also:

- Continue to be employed.
- Have earnings below a certain limit.
- Have an eligible child in the home.

When your additional six months of TMC benefits have ended, you will be evaluated for other Medi-Cal programs.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

MC 239 TMC-1 (9/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS COMPLETOS O LIMITADOS BAJO EL PROGRAMA DE MEDI-CAL DE TRANSICIÓN (TMC)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

EL TMC ES UN PROGRAMA QUE PROPORCIONA BENEFICIOS CONTINUOS DEL PROGRAMA DE MEDI-CAL, DURANTE UN MÁXIMO DE UN AÑO, A PERSONAS QUE YA NO REÚNEN LOS REQUISITOS BAJO EL PROGRAMA DE MEDI-CAL 1931(b), DEBIDO A SUS INGRESOS DE EMPLEO.

- ☐ Usted reúne los requisitos para recibir beneficios iniciales bajo el TMC durante el período del _____ al _____.
- ☐ Usted tiene derecho a beneficios completos.
- ☐ Usted tiene derecho a beneficios en caso de emergencia y relacionados con el embarazo.

Usted continuará recibiendo beneficios bajo el TMC durante este período, si usted tiene un(a) niño(a) que reúna los requisitos viviendo en su hogar, y usted sigue trabajando. El recibir estos beneficios de Medi-Cal no se toma en cuenta para cualesquier límites de tiempo del programa de CalWORKs.

Es posible que reúna los requisitos para recibir seis meses adicionales de beneficios del TMC, sin costo alguno, si usted:

- Devuelve el reporte sobre su situación, que el condado le enviará, a más tardar el día 21 de _____ y cae dentro de los límites de ingresos.
 - Adjunta, al reporte sobre su situación, una prueba de los ingresos mensuales en bruto de su familia, y los costos reales de cuidado de niños que usted pague. Guarde todos sus estados de cuenta de ingresos y sus recibos de cuidado de niños.
- ☐ Usted reúne los requisitos para recibir seis meses adicionales de beneficios durante el período del _____ al _____.

A fin de seguir reuniendo los requisitos para recibir los seis meses adicionales de beneficios del TMC, a usted se le requerirá completar y devolver dos reportes sobre su situación, que el condado le envíe durante este período. El primer reporte se vencerá el día 21 del primer mes, y el segundo reporte se vencerá el día 21 del cuarto mes de este período adicional de seis meses. Además, usted tiene que:

- Seguir empleado(a).
- Tener ingresos por debajo de cierto límite.
- Tener un(a) niño(a) que reúna los requisitos viviendo en su hogar.

Cuando sus seis meses adicionales de beneficios del TMC se hayan terminado, se evaluará su situación, para determinar si reúne los requisitos para otros programas de Medi-Cal.

Siempre presente su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU BIC.

La regulación que exige esta acción es la Sección 50244, del Título 22, del Código de Regulaciones de California.

MC 239 TMC-1 (SP) (9/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Transitional Medi-Cal (TMC) Denial or Discontinuance of Benefits

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

- ☐ Your benefits under TMC will be discontinued effective the last day of _____.
- ☐ Eligibility for benefits under the initial TMC program ends _____
because:
- ☐ There is no longer a child in the home.
- ☐ Other: _____
- ☐ Eligibility for benefits for the additional six months of TMC ends because:
- ☐ There is no longer a child in the home.
- ☐ You failed to return a completed status report.
- ☐ Your family's gross average earnings (less child care costs) exceed the limit.
- ☐ The caretaker relative or principal wage earner is no longer employed.
- ☐ Other: _____
- ☐ You are not eligible for:
- ☐ Initial TMC
- ☐ Additional TMC
- ☐ Any other Medi-Cal program

Here is the reason: _____

- ☐ You will receive a separate notice about your eligibility for the regular Medi-Cal program.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

MC 239 TMC-2 (8/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL Medi-Cal de Transición (*Transitional Medi-Cal—TMC*) Negación o Suspensión de Beneficios

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

- ☐ Se descontinuarán sus beneficios bajo el Medi-Cal de Transición (*TMC*), a partir del último día de _____.
- ☐ La elegibilidad para recibir beneficios bajo el programa inicial del *TMC* termina el _____ porque:
- ☐ Ya no hay un(a) niño(a) en el hogar.
- ☐ Otro: _____
- ☐ La elegibilidad para recibir beneficios por los seis meses adicionales del *TMC* termina porque:
- ☐ Ya no hay un(a) niño(a) en el hogar.
- ☐ Usted no devolvió un reporte completado de situación.
- ☐ El promedio de los ingresos, en bruto, de su familia (menos los costos para el cuidado de los niños) sobrepasa el límite.
- ☐ El/la pariente encargado(a) del cuidado o el/la asalariado(a) principal ya no está empleado(a).
- ☐ Otro: _____
- ☐ Usted no reúne los requisitos para:
- ☐ El *TMC* Inicial
- ☐ El *TMC* Adicional
- ☐ Cualquier otro programa de Medi-Cal

Esta es la razón: _____

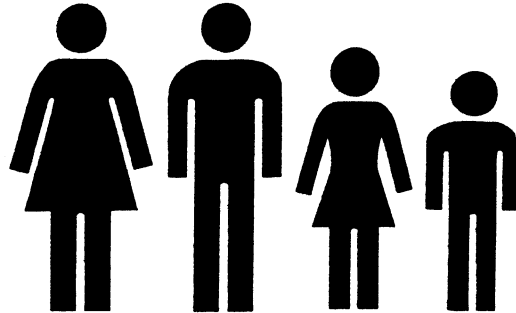
- ☐ Usted recibirá una notificación, por separado, acerca de su elegibilidad para el programa de Medi-Cal regular.

Siempre presente su Tarjeta de Identificación de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, siempre que usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE A LA BASURA SU BIC.**

La regulación que requiere esta acción se establece en la Sección 50244, del Título 22, del Código de Regulaciones de California.

MC 239 TMC-2 (SP) (8/03)

TRANSITIONAL MEDI-CAL (TMC)



***TMC May Provide You and Your Family with
FREE Continued Medical Coverage For Up To 12 Months.***

If you:

- ☛ **Get a job, or**
- ☛ **Get more money from your job, or**
- ☛ **Get child or spousal support,**

tell your worker right away or complete the back of this form and mail it to your worker. You may still be eligible for no-cost Medi-Cal. Your worker will determine whether your Medi-Cal health coverage can continue.

Health care is important for you and your family. Receiving Medi-Cal does not affect your CalWORKs time limits.

If you can't read this notice, ask your worker for a translation.

Spanish: Si no puede leer esta notificación, pídale a su trabajador que se la traduzca.

Cambodian: បើសិនជាលោកអ្នកមិនយល់សេចក្តីប្រកាសនេះទេ សូមសាកសួរក្រុមការងាររបស់លោកអ្នក ឬប្រពន្ធរបស់លោកអ្នក ។

Chinese: 假如你看不懂這份通知，可以要求你的工作人員幫助你翻譯。

Russian: Если Вы не можете прочитать и (или) понять это извещение, попросите Вашего работника перевести.

Vietnamese: Nếu quý vị không biết tiếng Anh để hiểu nội dung thông báo này, hãy xin nhân viên phụ trách tìm người dịch giúp cho quý vị.

MC 325 (1/04)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

REQUEST FOR TRANSITIONAL MEDI-CAL (TMC) OR FOUR MONTH CONTINUING MEDI-CAL

Did your Medi-Cal or CalWORKS cash aid stop and:

- You or your family has earnings from a job, self-employment, or a pay raise?
- You or your family started receiving or had an increase in child/spousal support payments?

☐ Yes ☐ No
☐ Yes ☐ No

If you answered "YES" to either of these questions, you and other family members may still be eligible for Medi-Cal. Complete the form and attach your and your spouse's or other parent's most recent pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

RETURN THIS REQUEST FORM TO YOUR COUNTY WORKER OR YOUR WELFARE OFFICE. DO NOT RETURN THIS FORM TO THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES.

Please type or print clearly.

Name	TOTAL HOURS WORKED IN REPORT MONTH:	DATE PAID: MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
Employer/source		GROSS AMOUNT: \$	\$	\$	\$	\$
Name	TOTAL HOURS WORKED IN REPORT MONTH:	DATE PAID: MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
Employer/source		GROSS AMOUNT: \$	\$	\$	\$	\$
Name	TOTAL HOURS WORKED IN REPORT MONTH:	DATE PAID: MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
Employer/source		GROSS AMOUNT: \$	\$	\$	\$	\$

Did your family have any other changes, such as someone moved in or out of the house or was married, divorced, or became pregnant? ☐ Yes ☐ No If yes, please explain: _____

I declare under penalty of perjury that all information provided is true and correct.

Name	Date of birth	Social security number
Signature	County case number	Telephone number
➤		()
Address (number, street)	City	ZIP code
Signature of witness, interpreter, or person assisting	Date	Telephone number
➤		()

MC 325 (1/04)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION FOUR-MONTH CONTINUING MEDI-CAL APPROVAL FOR FULL OR RESTRICTED BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

THIS PROGRAM PROVIDES FOUR MONTHS OF CONTINUING MEDI-CAL BENEFITS FOR CERTAIN PERSONS NO LONGER ELIGIBLE FOR THEIR CURRENT MEDI-CAL PROGRAM AS A RESULT OF COLLECTION OR INCREASED COLLECTION OF CHILD OR SPOUSAL SUPPORT.

- ☐ You are eligible for the period _____ through _____.
- ☐ You are entitled to full benefits.
- ☐ Your benefits only cover emergency and pregnancy-related services.

You will receive Four-month Continuing Medi-Cal through the month indicated above as long as you remain a resident of California.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50243.

MC 323 (8/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL
APROBACIÓN DE BENEFICIOS COMPLETOS O
LIMITADOS DEL PROGRAMA DE MEDI-CAL DE CUATRO
MESES CONTINUOS**

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

ESTE PROGRAMA PROPORCIONA CUATRO MESES DE BENEFICIOS CONTINUOS DE MEDI-CAL A CIERTAS PERSONAS QUE YA NO REÚNEN LOS REQUISITOS PARA SU PROGRAMA ACTUAL DE MEDI-CAL, POR HABER COBRADO O RECIBIDO UN AUMENTO EN EL COBRO DE MANUTENCIÓN DE HIJOS O CÓNYUGES.

- ☐ Usted reúne los requisitos para el período del _____ al _____.
- ☐ Usted tiene derecho a beneficios completos.
- ☐ Sus beneficios solamente cubrirán servicios de emergencia y los relacionados al embarazo.

Usted recibirá beneficios del Programa de Medi-Cal de Cuatro Meses Continuos, hasta el mes indicado anteriormente, mientras siga siendo residente de California.

Presente siempre su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC*.

La regulación que exige esta acción es la Sección 50243, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION FOUR-MONTH CONTINUING PROGRAM DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Four-Month Continuing Medi-Cal program is for families who were discontinued from CalWORKs or Section 1931(b) Medi-Cal due to an increase or receipt of child or spousal support payments.

- ☐ Your benefits under the Four-Month Continuing program will be discontinued effective the last day of _____.
- ☐ You are not eligible for the Four-Month Continuing program.

Here is/are the reasons(s) why:

- ☐ You do not have an eligible child living in the home.
- ☐ Your only eligible child is over the age limit.
- ☐ You did not receive CalWORKs or Section 1931(b) in three of the last six months.
- ☐ You moved out of California.
- ☐ Other: _____

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50243.

MC 357 (11/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS DEL PROGRAMA DE CUATRO MESES CONTINUOS

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de Cuatro Meses Continuos de Medi-Cal es para familias a las que se les descontinuaron los beneficios de *Cal/WORKs* o de la Sección 1931(a) de Medi-Cal, debido a un aumento o recibo de pagos de mantenimiento para hijos o para cónyuges.

- ☐ Sus beneficios bajo el programa de Cuatro Meses Continuos se descontinuarán a partir del último día de _____.
- ☐ Usted no reúne los requisitos para el programa de Cuatro Meses Continuos.

Ésta(s) es/son la(s) razón(es):

- ☐ Usted no tiene un(a) niño(a) que reúne los requisitos viviendo en el hogar.
- ☐ Su único(a) niño(a) que reúne los requisitos sobrepasa la edad límite.
- ☐ Usted no recibió beneficios de *Cal/WORKs* o de la Sección 1931(b) durante tres de los últimos seis meses.
- ☐ Usted se mudó fuera de California.
- ☐ Otra: _____

Usted recibirá otra notificación, si usted reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (B/C) DE PLÁSTICO. Usted puede usarla de nuevo, si vuelve a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 50243, del Título 22, del Código de Regulaciones de California.

MC 357 (SP) (11/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5C--DEPRIVATION--LINKAGE TO THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) MEDICALLY NEEDY (MN) PROGRAM

The purpose of this section is to provide various tools to assist in the determination of deprivation and linkage to AFDC under the MN Program but not necessary for the Section 1931(b) program. It is not intended to repeat or replace regulatory material in Title 22, California Code of Regulations (CCR).

BACKGROUND

Linkage to AFDC is an important eligibility factor as the majority of nonblind or nondisabled persons between the ages of 21 and 64 are not federally eligible for Medi-Cal unless they are pregnant or linked to AFDC. Inappropriate linkage to AFDC has proven to be a major source of quality control errors. Therefore, it is critical that eligibility staff fully understand the deprivation factors which link family members to AFDC.

1. TITLE 22 REGULATIONS PERTINENT TO ESTABLISHING LINKAGE TO AFDC

Section 50030--Definition of a child.

Section 50061--Definition of family member.

Sections 50068, 50069, and 50069.5--Various definitions relating to parents.

Section 50071--Definition of persons living in the home.

Sections 50084 and 50085--Definition of relative and caretaker relative.

Section 50167 (a)(2)--Verification of incapacity.

Section 50203--Medically Needy Program.

Section 50205--Linkage to AFDC.

Sections 50209, 50211, 50213, and 50215--Various bases of deprivation.

Section 50216--Good cause for refusing employment.

Section 50373 (a)(3)--Family members to be considered when determining program linkage.

Section 50373 (a)(5)(A) 12. and 13.--Inclusion of caretaker relative in the Medi-Cal Family Budget Unit (MFBU) of sibling children.

Section 50701 (d)--Eligible for one day in month, eligible for entire month.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. CHART—MFBU MEMBERS LINKED TO AFDC

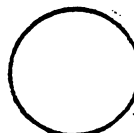
The following chart displays which family members living in the home are linked to AFDC in accordance with current Medi-Cal regulations. Persons linked to AFDC are identified by Aid Code 34 or 37. It is important that family members be properly coded. If linkage exists for one day in the month, linkage exists for the entire month and the aid code assigned should reflect that linkage.

a. Explanation of Symbols



= mother

or



= MFBU



= father



= married



= unmarried



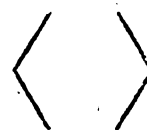
= child, including an unborn

ex.

= excluded



= caretaker relative



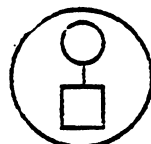
= ineligible
member

PA

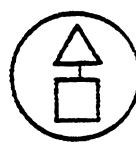
= Public Assistance

b. Absent Parent or Deceased Parent Deprivation, Title 22, Sections 50213 and 50209

(1)

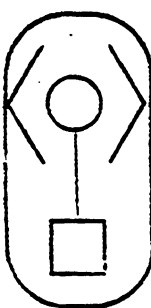


or



— all linked to AFDC.

(2)

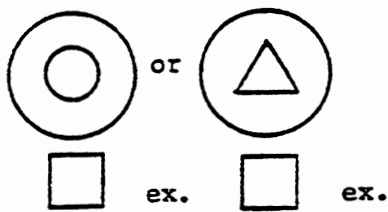


or

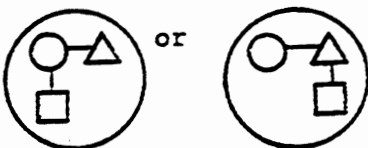


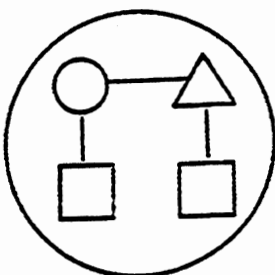
— child linked to AFDC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

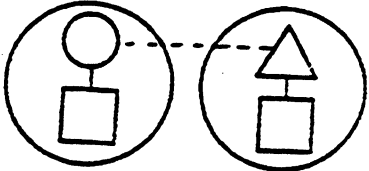
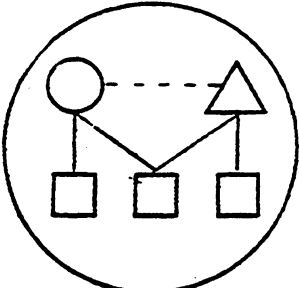
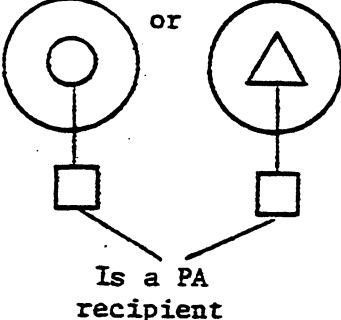
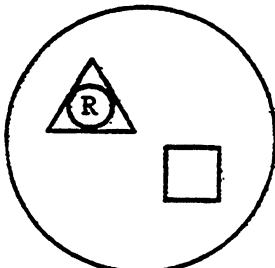
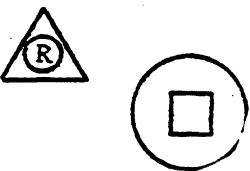
- (3)  — no linkage. Section 50373 (a) (3). Excluded children shall not be considered in determining the program for which persons included in the MFBU are eligible.

- (4)  — no linkage. Section 50373 (a) (3). Ineligible children are not considered in determining the program for which persons included in the MFBU are eligible.

- (5)  — parent and child are linked to AFDC; the parent's spouse is not linked.

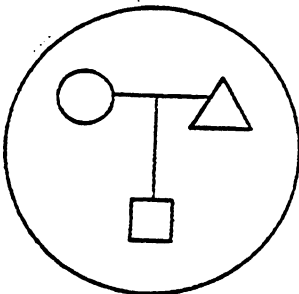
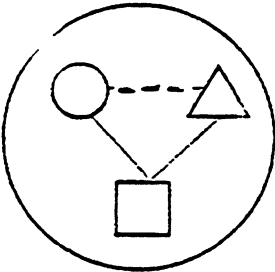
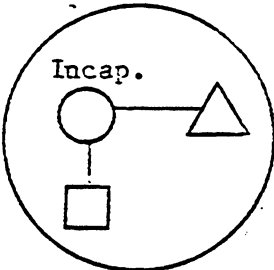
- (6)  — both parents are linked; both children are linked. Section 50213 (f). If both members of a married couple have children from a prior union, both parents are linked to AFDC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

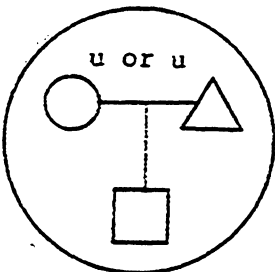
- (7)  - two MFBUs; all person are linked to AFDC.
- (8)  - both parents are linked; the separate children of each parent are linked; the common child is medically indigent or in the federal poverty level programs.
- (9)  - parent or caretaker linked to AFDC because of child who is deprived of parental support is living in the home.
- (10)  - if caretaker relative chooses to be included in the same MFBU as the child, both are linked.
- (11)  - if caretaker relative does not choose to be in the same MFBU as the child, only the child is linked. (Caretaker relative may be linked in other ways, e.g., by being aged, blind, or disabled.)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- c. Incapacitated Parent Deprivation, Section 50211. (If incapacitated parent's condition is severe, explore linkage to SSI/SSP on basis of disability.)

- (1)  — all linked to AFDC.
- (2)  — all linked. Section 50211 (c) (3): second parent of child whose basis of deprivation is incapacitated parent is also linked.
- (3)  — all linked to AFDC; spouse of incapacitated parent is linked to AFDC.

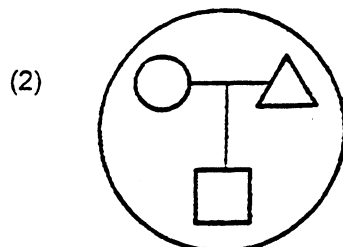
- d. Unemployed Parent Deprivation, Section 50215

- (1)  — all linked to AFDC.

- (a) Parent is the principal wage earner.

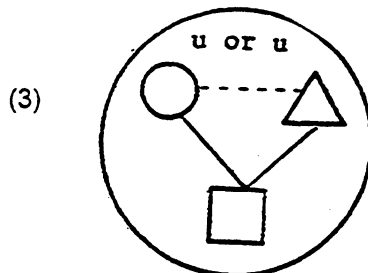
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

(b) Parent has worked less than 100 hours in the month.



— no one is linked.

at least one of the conditions in previous example not met.



— all linked to AFDC. Section 50215 (d)(3): second parent of children whose basis of deprivation is unemployed parent is linked to AFDC.

all conditions in example 1 are met.

e. Unmarried Minor Parent Living With Parents, Two MFBUs, Sections 50373 and 50379.

In such situations, the minor parent is considered a child in determining linkage for the MFBU which includes the minor parent and his/her parent(s), and a parent in the MFBU which includes his/her child(ren) with him/her as an ineligible member.

3. EXAMPLES OF DEPRIVATION

a. Death

- (1) A husband and wife have two children. The husband dies. The wife is left with two children. Is there deprivation?

Answer: Yes. Death of a parent constitutes deprivation. The wife and two children are linked to AFDC.

- (2) A father and mother are unmarried and have two children in common. The father dies. The mother is left with two children. Is there deprivation?

Answer: Yes. Death of a parent (whether or not he/she was married to the other parent) constitutes deprivation. The mother and the two children are linked.

- (3) A husband and wife have one child. The husband goes on a boating trip and is presumed lost at sea. He has been missing over 30 days, and the search is called off. The wife comes in and applies for Medi-Cal for herself and her child. Is there deprivation?

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Answer: Yes. The preponderance of the evidence establishes the death of a parent; however, it would not be incorrect to instead base deprivation on continued absence. The mother and child are linked.

- (4) A husband and wife have adopted four children. The wife dies in an auto accident. Is there deprivation?

Answer: Yes. For adopted children, adoptive parents take the place of natural parents in determining deprivation. The husband and four children are linked.

- (5) The wife has a child by another marriage, but the husband does not adopt the child. The husband dies. Is there deprivation?

Answer: Yes, but not due to the death of the stepfather since deprivation is based only on a parent's ability to support and care for a child. Deprivation would be based on the child's father's death or absence. The wife and child are linked.

b. Absent Parent (also see "Persons Living in the Home" Chapter 2, Article 1, Section B.)

- (1) A husband and wife have two children. The husband leaves home to seek employment in New York. He does not establish a permanent residence in New York and has not relinquished care and control of his children. Is there deprivation?

Answer: No. Temporary absence due to employment does not establish deprivation.

- (2) A husband and wife have two children. The husband is in the armed forces. He is being assigned to Germany for a period of two years. His wife and family may go with him. His wife works for the State as a deputy director of a department and the children are 16 years old and both work. The mother and children do not go with him because of employment. Is there deprivation?

Answer: No. Absence due solely to active duty in the uniformed services of the United States does not constitute deprivation.

- (3) A husband and wife have one child. The husband separates from his wife. The wife applies for Medi-Cal for herself and child and states on the Statement of Facts that the father left the family. Is there deprivation?

Answer: Yes. The duration of the absence is indefinite and the father is physically absent (not providing guidance to the child).

c. Physical or Mental Incapacity

- (1) A father and mother are married and have three children. The husband was a construction worker. He is injured on the job. The husband is in the hospital in a coma for the last 28 days. Is there deprivation?

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Answer: Yes. The deficiency is expected to last at least 30 days. Even if the husband were to regain consciousness on the 29th day, he would still be incapacitated for longer than 30 days and would not have the capacity to support his child or care for the child. The mother, father, and child are linked due to incapacity, providing the verification required by Section 50167 (a)(2) is obtained.

- (2) A mother and father are married. They have two children. The mother is injured in an auto accident, has two broken legs and two broken arms. Expected recovery item per the CA 61 is six months. Is there deprivation?

Answer: Yes. The deficiency will last longer than 30 days and will substantially reduce the parent's ability to care for her children. The parents and both children are linked due to incapacity.

- (3) A husband and wife have five children. The husband is a construction worker who is injured on the job. He loses one of his limbs. He cannot return to his old position. The physician stated on the CA 61 that the husband's incapacity will last for two months and he will be unable to do any work during that time. Is there deprivation? If so, for how long?

Answer: Yes. There is deprivation due to incapacity for two months because of a physical problem which prevents him from returning to his former occupation or to any other occupation. The husband, wife, and five children are linked. If, at the end of the two-month period, the physician completes another CA 61 stating that the husband still cannot work for another period of time, deprivation will continue through that additional period.

- (4) A husband and wife have two children. The husband was a computer programmer. As a result of an auto accident, he suffered brain damage. The damage did not prevent him from performing the technical aspect of his job; however, it altered his personality and behavioral patterns to the point that he could no longer perform his job. Because of this disorder, other attempts to secure employment have been futile. Is there deprivation?

Answer: Yes. A mental problem which prevents one from securing and maintaining employment would justify deprivation based on incapacity. The husband, wife and two children are linked, providing the verification required by Section 50167 (a)(2) is obtained.

- (5) A husband and wife have one child. The husband is a police officer who loses his position due to disciplinary problems, e.g., he abuses his prisoners. He cannot obtain another position in his field because no one will hire him. He has no other skills. Is there deprivation?

Answer: Deprivation due to incapacity exists if employers refuse to hire him because of his behavioral problem and the verification required by Section 50167 (a)(2) is obtained. The husband, wife, and child are linked. If the husband could be employed in another job for which he is equipped by education, training, experience, or on-the-job training, deprivation due to incapacity does not exist.

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- (6) A husband and wife have one child. The husband was a banker and is blinded in a bank holdup. Is there deprivation?

Answer: Yes. A parent is blind. The husband, wife, and child are linked, providing the verification required by Section 50167 (a)(2) is obtained. The husband could also qualify as Aged, Blind, and Disabled-Medically Needy.

- (7) A husband and wife have one child. The husband works for a bank as a keypunch operator. He is paid on the basis of the number of items processed an hour. The husband loses a hand in an auto accident. He returns to work but his production decreases due to the injury, so he is paid less than the other workers. Is there deprivation?

Answer: Yes. The physical disorder prevents the parent from accomplishing the same tasks and his rate of pay is decreased. The husband, wife, and child are linked, providing the verification required by Section 50167 (a)(2) is obtained.

- (8) A parent has an acceptable verification of incapacity as required in Section 50167 (a)(2), but has been unable to work for several or many years due to the same or different injury or health condition. Since the work history is not recent, is the parent's ability to support or care for the child reduced or eliminated?

Answer: Yes. If a parent has been unable to work for several or many years due to a disability, i.e., injury, health condition, he/she may be determined to be incapacitated.

- (9) If a parent is a homemaker and has no work history and claims incapacity based on a reduced ability to care for his/her teenage children who are fairly self sufficient, how does the EW decide if the health condition actually reduces or eliminate the parent's ability to care for the children?

Answer: Since the regulations do not specifically define "substantially reduced", the EW should ask the parent how his/her condition reduces or eliminates his/her ability to care for the children. The answer should be written in the case.

If the parent is able to provide an example, he/she should be considered incapacitated if the verification meets the criteria in Section 50167 (a)(2). Although it is possible that the parent's condition does not reduce or eliminate his/her ability to work or care for his/her children or cause one of the following situations described in Section 50211 (b)(2), it is unlikely that the parent will not be able to give a reason.

If a parent is determined not to be incapacitated and requests a fair hearing, the county should be able to justify the reason for the denial.

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- (10) If a parent has a permanent disability or a condition which is expected to result in death and received Title II Social Security disability benefits or Title XVI (SSI/SSP) benefits as specified in Section 50223, would he/she be also incapacitated?

Answer: Yes. These benefits are acceptable verifications of incapacity and Section 50211 (b)(2)(D) also states that a blind or disabled parent who meets the conditions of Section 50223 is incapacitated. A determination from the Disability Evaluation Division (DED) is also acceptable since they use the same criteria as the Social Security Administration. However, a referral to DED for the sole purpose of establishing incapacity is not appropriate.

- (11) If a parent is incapacitated, should the EW also make a referral to DED or vice versa?

Answer: If an incapacitated parent has a condition which will last more than 12 months and/or is expected to result in death, the EW should make a referral to DED because an aged, blind or disabled person receives certain income deductions as described in Section 50549. Also aged, blind, and disabled persons are treated differently if in long term care for MFBU purposes (Section 50377).

A parent who is determined to be disabled should be evaluated for incapacity if he/she has a minor child and spouse in the home and the spouse requests Medi-Cal benefits since the spouse or second parent of the child can be linked to a child of an incapacitated parent.

- (12) A pregnant woman can be incapacitated if her physician states that she is unable or has a reduced capacity to work (CA 61); however, if the woman has no work history and the only child is unborn, can she use the argument that her condition reduces her ability to care for the child?

Answer: If a pregnant woman has verification from her physician that she has a condition which affects her pregnancy (unborn) such as diabetes, high blood pressure, or drug addiction, she should be considered incapacitated. If her condition did not affect her pregnancy, i.e., broken arm, she could be aided as a Medically Indigent pregnant woman or under the Income Disregard program; however, her husband or father of the unborn could not be linked.

d. Unemployed Parent

- (1) A husband and wife have ten children. In the last two years, the husband worked full time and his wife worked part time. The husband is laid off from his job. He applies and is approved for Unemployment Insurance Benefits (UIB). Is there deprivation?

Answer: Yes. The husband is the principal wage earner (PWE), is no longer employed, and has been determined eligible for UIB. The husband, wife, and ten children are linked.

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- (2) A husband and wife have two children. In the last two years the husband worked full time and had the most earnings. His wife worked part time. The wife loses her job because of plant closure. Is there deprivation?

Answer: No. The wife is not the PWE.

- (3) A husband and wife have one child. Neither parent works and neither has ever been employed. Is there deprivation?

Answer: Yes. When both parents qualify as the principal wage earner (PWE) and have earned an identical amount of income (or no income) in a 24-month period, the county in consultation with the parents shall designate which parent is the PWE. Once the PWE has been determined, this parent continues to be the PWE for each consecutive month, even if the other parent has earnings in the next two years as stated in Section 50215 (c), Title 22, California Code of Regulations.

- (4) A husband and wife have three children. The husband is employed full time. In June 1995, the wife became unemployed. The wife was employed full time for the 3 years before June 1995 and had income equal to or greater than her husband in 12 of the last 24 months in that period. Is there deprivation?

Answer: There would be deprivation if 1) the wife were the PWE, (i.e., if either the wife's income exceeded the husband's income during the June 1993 through May 1995 period or if her income equaled his during this period, if she were designated as the PWE) and 2) the remaining requirements of Section 50215 were met.

- (5) A husband and wife have eight children. The husband works full time; the wife is not employed. The husband's union goes out on strike. Is there deprivation?

Answer: Yes. A person can be on strike and be aided under U-Parent deprivation.

- (6) May the nonparent spouse of an unemployed parent (i.e., a stepparent to the parent's separate children) be linked to the Medically Needy program if they have no mutual children?

Answer: No. A spouse who has no deprived children living in the home may only be linked if his/her spouse has children who are deprived by the parent's incapacity. However, the spouse may be linked as an essential person in the 1931(b) program.

- (7) Must the PWE actively seek work?

Answer: No. This is no longer a requirement for this program.

- (8) The family was receiving Medi-Cal for three years due to the incapacity of the mother. The father worked during this time. The mother returned to work but the father became unemployed. Who is the PWE?

Answer: The father. Per Section 50125 (c), "the principal wage earner is the parent who has earned the greater amount of income in the 24-month period immediately preceding either of the following:

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- a) The month of application, reapplication or restoration.
- b) The date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent.

Exception: An unemployed PWE who becomes incapacitated and then returns to work does not need to be redetermined as the PWE and may work over 100 hours if he is a recipient of Section 1931(b). No Earned Income 100 Hour U-Parent Test is required unless there is a break in aid. Thus, it may be more beneficial for the family to establish the PWE at the time of application if the PWE is also temporarily incapacitated.

- (9) The family received a California Work Opportunity and Responsibility to Kids (CalWORKs) cash grant based on unemployed parent. The father was determined to be the PWE. The family was discontinued from CalWORKs due to the mother's unearned income. For Medi-Cal only purposes, is the father still the PWE or is it now the mother?

Answer: The father continues to be the PWE if there was no reapplication or restoration. If the family failed to return any county requested information and the discontinuance notice was not rescinded for good cause, the PWE must be redetermined.

- (10) May a parent be determined as the PWE if his/her only employment was in a refugee camp outside the United States? His earnings were not part of the regular camp requirements.

Answer: Earnings whether in cash or in-kind from work performed either inside or outside the United States, including work performed in refugee camps are acceptable, as long as they meet the definition of earned income contained in Article 10.

- (11) A PWE is self-employed as a salesperson selling a product door-to-door. The individual spent the following hours in the month of April in connection with his occupation:

- 40 hours collecting orders for the product.
 - 15 hours ordering the products from the supplier. This includes completing the necessary work and going to the post office.
 - 5 hours developing and delivering flyers advertising the business.
 - 4 hours with floor duty at the distributor's office.
 - 32 hours delivering the products to the customers.
 - 10 hours distributing new catalogs.

Are all these hours counted?

Answer: In this situation, all of the above hours count as hours worked because all hours were spent promoting the business or attempting to or making contact with prospective or actual customers.

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- (12) Some self-employed persons may possibly control their hours. If they work under 100 hours and are the PWE, or work 100 hours or more and pass the U-Parent earned income test which is effective March 1, 2000, do we have to aid them?

Answer: Yes. There is nothing that precludes us from doing so.

- (13) Are paid vacation and sick leave hours counted in determining hours of employment?

Answer: Yes. Paid vacation and sick leave hours are counted in determining hours unless the PWE is incapacitated and is using sick leave or will not be returning to work after his vacation hours are depleted. In those cases when the PWE is working less than 100 hours per month, he/she may apply as an incapacitated or unemployed parent.

- (14) Would we aid a working individual under U-Parent deprivation if a person worked less than 100 hours in the prior two months, nor was expected to work 100 or more hours in the following month.

Answer: Yes.

- (15) Assume the U-parent has, without good cause, quit a job or employment training or refused a bona fide offer of employment or employment related training. Do these requirements still exist to determine U-Parent deprivation in the MN Program?

Answer: No. These requirements no longer pertain to unemployment parent deprivation for the medically needy.

- (16) What if an individual comes in on the first day of the month, how would this case be treated?

Answer: The eligibility worker (EW) can look at the past history of the individual. If the person has no work history in the last month and indicates he/she does not expect to work the rest of the month, grant Medi-Cal if otherwise eligible. If the person has a sporadic work history where it is apparent that this individual has worked over 100 hours in past months and may do so in the current month, the EW can request that this individual verify (written verification from his employer) that he will not exceed the 100-hour requirement.

- (17) Effective March 1, 2000, Assembly Bill 1107, Chapter 146, Statutes of 1999 (Section 14008.85 of the Welfare and Institutions Code) allows the Medically Needy applicant and recipient PWE as well as the Section 1931(b) applicant PWE to work 100 hours or more if the family's earned income is less than 100 percent of the federal poverty level. Section 1931(b) and CalWORKs recipient PWEs are already allowed to work 100 hours or more without this test as long as they remain otherwise eligible. Whose income is counted in this test, how is earned income defined, and what deductions are allowable?

Effective May 1, 2001, all earned income of the children will be exempt and only the earned income of the parents or the parent and the parent's spouse who are the living in the home and in the MFBU will be counted in determining the U-parent income test. The earned income test is required for applicants of the Section 1931(b) program and applicants and recipients of the Medically Needy (MN) program. If a parent is not in

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the MFBU because he/she is receiving Public Assistance (PA) or Other PA, or who is not required/allowed to be aided (such as the unmarried father whose only child is an unborn, his/her earned income is not counted nor is he/she is included in the family size when determining the 100 percent limit. Children up to age 21 should be included when determining the family size even though their earned income is exempt unless they are excluded at the parent's request, or receiving PA or Other PA, or they are excluded for other reasons such as being eligible for Section 1931(b) in their own case as an adult with a deprived child

If the child is excluded for some reason, the parents must have at least one other eligible child included in the family income test as well as for all Medi-Cal programs that require the parents to be linked to a deprived child. Section 1931(b) requires that there be at least one deprived child who is eligible for Section 1931(b) or who has a zero share of cost in some other Medi-Cal program.

If the PWE is working over 100 hours and the family passes the U-Parent Earned Income test, but is not eligible for Section 1931(b) due to income and property rules or other reasons, (e.g., some family members may not be eligible due to Sneede v. Kizer, the youngest child is above the age requirements, the father of the pregnant woman in her last trimester has no other deprived children), they should be evaluated for MN or other programs.

If the PWE is working over 100 hours, he/she is not a recipient of Section 1931(b), the family does not pass the U-parent test, and there is no other basis for deprivation, the family is not eligible for Section 1931(b) or the Aid to Families with Dependent Children (AFDC)-MN program. The children should be evaluated for the MI program or the Percent programs.

Earned income is defined in Article 10 of the California Code of Regulations and includes income from employment as well as other forms of earnings such as State Disability Insurance. This is different from the Transitional Medi-Cal Program, which only totals the average three months of gross earnings from employment minus child care deductions and does not include other types of earned income.

Counties should use the same earned income deductions for the Unemployed Parent Determination Test that are allowed for either the Section 1931(b) or the MN program, but not both. For example, if the family has health insurance premiums or an aged, blind, or disabled person in the MFBU and he/she, the parents or spouse have earned income, the MN deductions (\$20 and the \$65 plus 1/2) may be more beneficial than the \$90 work related expenses which is the Section 1931(b) program earned income disregard. If the parent is self employed, the 40% deduction which is allowable under the Section 1931(b) program may be more beneficial than using MN deductions.

NOTE: An exception to using the same deductions rule is when a Section 1931(b) recipient family has a change in circumstances and must be redetermined for unemployment deprivation. Although the \$240 + 1/2 deduction is an allowed earned income deduction for these recipients, it is not allowable for the U-parent earned income test. Only applicant earned income deductions are allowable.

- (18) The PWE in an MN recipient family is working 100 hours or more and the county determined that he was still unemployed after the U-Parent Earned Income test.
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If his or his spouse's earned income goes up in the following month or if a family member leaves the home which would reduce the family size, is the U-Parent Earned Income test required to see if he is still unemployed?

Answer: Yes. MN recipient families are not exempt from the 100 hour rule test and a change in earnings or family size may cause the PWE to fail the U-Parent Test.

- (19) An unemployed father and his pregnant girlfriend also have a common child and Dad has a separate child. The county evaluates the family for the Section 1931(b) program. Only the pregnant woman is income eligible. The other family members are eligible for the MN program. In month two the county redetermines Section 1931(b) for the other family members and the family is income eligible; however, the father began working over 100 hours. Is the U-Parent Test required or is he now considered a recipient of Section 1931(b)?

Answer: Since he has ready been determined as the PWE and there is no change in circumstances or break in aid, he can be considered a Section 1931(b) recipient when the family is recombined and no U-Parent Test if required.

Example 1

U-Parent Income Test

Mom	\$ 0
Dad (PWE working over 100 hours)	- \$1,200 (net nonexempt earned income)
Mutual 10-year-old	N/A
Mutual 19-year-old	N/A
Total family net nonexempt earnings =	\$1,200
U-parent earned income limit (100%) for 4 =	\$1,471

Married Mom, Dad, the 19-year-old and 10-year-old apply for Medi-Cal. Dad is the PWE and is working over 100 hours. The parents have no other basis for linkage. The family passes the U-Parent test because their earned income is at or below the 100% limit and the PWE is considered unemployed. They are evaluated for the Section 1931(b) program using the existing property rules and the income limits of 100 percent of the FPL for applicants. The 19-year-old has \$300 in net nonexempt earnings and is ineligible for Section 1931(b) due to the age requirements; however, the other family members are eligible for Section 1931(b). Note: If this family had unearned income, they may not pass the income test for Section 1931(b). They would then be evaluated for the MN program. The 10-year-old would also be evaluated for the Percent program, if the family had a share of cost (SOC) in the MN program.

The 19-year-old is evaluated for the MN program because he/she is not considered a child for Section 1931(b). If he/she had unearned income, he/she may have a SOC. We are assuming he/she is property eligible.

One month later, the 19-year-old takes a job and his net nonexempt earned income increases to \$2000. The PWE continues to work over 100 hours.

Since the PWE in this family is eligible for Section 1931(b), the family would qualify as recipients and are exempt from the 100 hour rule and the U-parent income limit test. Since there is an increase in the family's income, Section 1931(b) eligibility must be redetermined. The family members (including the 19-year-old) are all put back into the same Section 1931(b) MFBU and must still meet the Section 1931(b) unearned and earned net nonexempt income and property limits of that program. Sneed rules apply and the 19-year-old would be in his own Mini Budget Unit (MBU) if the family were over the income limit.

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If this family is no longer income eligible for Section 1931(b) and is not eligible for Transitional Medi-Cal (TMC) because the family did not receive CalWORKs or Section 1931(b) for three out of the last six months nor was the increase in earnings from the PWE or the caretaker relative, the family should be evaluated for the U-parent earned income test as applicants for the MN program. In this case, the parent's net nonexempt earned income is still under the 100 Percent limit. The parents and the mutual 19-year-old child would be eligible under the MN program with a SOC and the 10-year-old may be eligible for the Percent program.

Example 2

U-Parent Income Test

Mom	\$ 0 earned income
Dad (PWE working over 100 Hours)	\$1,000 (net nonexempt earned income)
Mutual 4-year-old child	\$ N/A
Total net nonexempt earned income	\$1,000
U Parent earned income limit (100%) for 3 =	\$1,220

This married couple and child apply for Medi-Cal on April 1, 2001, and pass the U-parent deprivation test. They are then evaluated for the Section 1931(b) program.

Mom also has \$300 unemployment insurance benefits (UIB) unearned income and the child has no income; therefore, the total family net nonexempt unearned and earned income is \$1,300. The family is income ineligible for the Section 1931(b) program and must be evaluated for the MN program. We will assume the family is property eligible for both programs. The MN limit for three is \$934; therefore, the parents have a SOC. The four-year-old is eligible for the 133 Percent program.

Two months later, Mom begins working and receives net nonexempt earnings of \$400 per month. Since the U-parent income test applies to recipients of the MN program and the family's net nonexempt earnings are now \$1,400 which is over the 100 Percent U-parent limit for three. Mom and Dad are no longer eligible as parents of a deprived child. The child is still eligible for the 133 Percent program.

Example 3

U-Parent Income Test

Mom	\$ 300 (net nonexempt earned income)
Dad (PWE)	\$1,500 (net nonexempt earned income)
Mom's separate child	\$ N/A
Mutual child	\$ 0
Total net earned income	\$1,800
U Parent earned income limit (100%) for 4 =	\$1,471 (2001 limits)

This unmarried couple, their mutual child (age 5), and Mom's separate child (age 19), apply for Medi-Cal. Dad is working over 100 hours and family is over the U-parent income limit. Dad and the mutual child are not eligible for the Section 1931(b) or the MN programs due to lack of deprivation. They are not eligible for TMC because they have not received CalWORKs or Section 1931(b) for three of the last six months. Since Mom's separate child is age 19, Mom has no deprived "child" in the home as defined under the Section 1931(b) program and is not eligible for Section 1931(b). Evaluate her and her separate child for the MN program. Mom's separate child has \$300 from child support. Evaluate the mutual child for the MI or Percent program. Dad is ineligible for any program because he has no other linkage and he is not a spouse and cannot qualify as an essential person.

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Mom has \$1,000 of net nonexempt unearned income. The total family unearned and earned income equals \$3,100. The maintenance need for the MN/MI program for four persons is \$1,100. Sneede rules apply.

MBU #1

Mom's total net nonexempt income	\$1,300
Less Parental Needs Deduction	<u>- 600</u>
Total Income	\$ 700
Allocation (Total ÷ 2)	\$350
Limit	\$ 600

MBU #2

Mom's Separate Child	\$300
Allocation from Mom	<u>350</u>
Total	\$650
Limit	\$375

MBU #3

<Dad's> total net nonexempt income	\$1,500
Less Parental Needs Deduction	<u>- 600</u>
Income to be Allocated ÷1	\$ 900
Limit	\$ 600

MBU #4

Mutual Child	\$ 0
Allocation from Mom	350
Allocation from Dad	<u>900</u>
Total income	\$1250
Limit	\$ 312

Mom is eligible for the MN program with no SOC as a parent of a deprived child (age 21 for this program). Mom's separate child is also eligible with a SOC of \$275. Dad is not eligible for any Medi-Cal program. The mutual child has a SOC of \$938 under the MI program. Evaluate the mutual child for the 133 Percent program. Only the income of the mutual child and his/her parents are counted.

Mom's total income	\$1,300
Dad's total income	\$1,500
Child's total income	\$ 0
Mom's separate child	<u>N/A</u>
Total	\$2,800
Limit for 4 (133%)	\$1,957

Mutual child is not eligible for the 133 Percent program. He/she would have a \$938 SOC in the MI program.

Two months later, Mom and her separate child stop working. Redetermine the U-parent earned income deprivation income test. Since the PWE is still working over 100 hours and the family is not a recipient of the Section 1931(b) program, the U-parent income test is required. The net nonexempt earned income of Dad is \$1,000 which is under the 100 percent limit for 4.

U-Parent Income Test

Dad's earned income	\$1,000
Mom's earned income	\$ 0
Mom's child " "	\$ N/A
Mutual child " "	<u>\$ N/A</u>
Total	\$1,000
U Parent earned income limit (100%) for 4	= \$1,471

Reevaluate family for the Section 1931(b) program as applicants.

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Section 1931(b)

Mom's total income	\$1,000
Dad's total income	\$1,000
<Mom's separate child>	\$ 0
Mutual child	\$ 0
Total	\$2,000
Section 1931(b) limit (4)	\$1,471

Mom, Dad, and the mutual child are not eligible for Section 1931(b). Sneede rules would then again apply.

Section 1931(b) MBU#1

Mom's net nonexempt income	\$1,000
Less Parental Needs	- 716
Total	\$ 284
Allocation (Total ÷ 2)	\$ 142
Mom's Income	\$ 716
<Mom's separate child>	\$ 142 from Mom
Total	\$ 858
Limit for 2	\$ 938

Section 1931(b) MBU #2

Dad's net nonexempt income	\$1,000
Less Parental Needs	- 716
Total	\$ 284
Allocation (Total ÷ 1)	\$ 284
Dad's Income	\$ 716
Total	\$ 716
Limit for 1	\$ 716

MBU #3

Mutual Child	\$284 from Dad
	<u>\$142</u> from Mom
Total	\$426
Limit	\$407

Dad and Mom are financially eligible for the Section 1931(b) program. The parents are eligible for Section 1931(b) because they have deprived children with zero SOC as determined in the next step. The 19-year-old separate child and the mutual child should be evaluated for the MN program.

MN MFBU

Mom's separate child	\$ 0
Mutual child	<u>0</u>
Limit	\$750

Since neither child has income, they are eligible with no SOC. In the second month, the entire family should be redetermined as recipients using the recipient deductions.

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Example 4

Married couple and their children apply for Medi-Cal. They have one mutual four-year-old child and each have one separate child under age 18. Dad is determined to be the PWE and he is working under 100 hours. No applicant U-parent earned income test is required. Mom has \$725 net nonexempt income and Dad has \$1,000 net nonexempt income. The children have no income. We will assume that the family is properly eligible. Evaluate for Section 1931(b).

Mom	\$ 725	net nonexempt income
Dad	1,000	net nonexempt income
Mutual Child	0	
Dad's Separate Child	0	
Mom's Separate Child	0	
Total	\$1,725	
Section 1931(b) Limit	\$1,723	

The family fails to qualify for Section 1931(b). Sneede rules apply since this is a stepparent household.

Mom's Net Income	\$725	Dad's Net Income	\$1,000
Mom's Parental Needs	- 716	Dad's Parental Needs	- 716
Total	\$ 9	Total	\$ 284
Allocation (Total ÷3)	\$ 3	Allocation (Total ÷3)	\$ 94.60

MBU #1		MBU #2		MBU #3	
Mom	\$716 + \$94.60	Mom's Child	\$ 3	Dad's Child	\$94.60
Mutual Child	\$ 3 + \$94.60	Total	\$ 3	Total	\$94.60
Dad	\$716 + \$3	Limit	\$484	Limit	\$484
Total	\$1627.20				
Limit (3)	\$1,220				

Mom, Dad, and the mutual child in MBU #1 are not eligible. They must be evaluated for the MN program. Both Mom's and Dad's separate children are eligible for Section 1931(b).

MN Program Determination

Mom	\$ 725	minus \$3 (allocation to Section 1931(b) eligible child)
Dad	\$1,000	minus \$94.60 (allocation to Section 1931(b) eligible child)
Mutual Child	\$ 0	
Total	\$1,627.40	
MN Limit	\$ 934	

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Mom, Dad and mutual child have a share of cost of \$693.40. Evaluate mutual child for the 133 Percent program. Only the income of the mutual child and his/her parents are counted (although in this example the other children have no income).

Mom	\$ 725
Dad	1,000
Mutual Child	0
Dad's Separate Child	N/A
Mom's Separate Child	N/A
Total	\$1,725
133% Limit for 5 =	\$2,291

The mutual child is eligible for the 133 Percent program.

In the next month, reevaluate the family as recipients of the Section 1931(b) program because the parent's separate children were Section 1931(b) applicants in the first month. Assume Dad is still working under 100 hours and they all pass using the \$240 + 1/2 deduction.

Five months later, Dad takes a full time job and is now working over 100 hours. Since all are recipients of the Section 1931(b) program, the U-parent income test is not required to determine whether unemployment linkage still exists. Dad's earnings from employment increase to \$3,000 per month. Assume the family fails to pass the Section 1931(b) income limit. The family is eligible for TMC.

Example 5

Unmarried Mom, Dad, their mutual eight-month-old child, and Mom's separate child (age four) apply for Medi-Cal. Dad is incapacitated. Mom works part time and has \$1,400 net nonexempt income. Dad has \$500 net nonexempt income. The children have no income.

Section 1931(b) Determination

Mom's net nonexempt earned income	\$1,400
Dad's net nonexempt unearned income	\$ 500
Mutual child	\$ 0
Mom's child	\$ 0
Total income	\$1,900
Section 1931(b) limit for 4	\$1,471

Since the family is above the Section 1931(b) income limit and the couple is not married, Sneede rules apply. We will assume they are property eligible.

Mom's income	\$1,400	Mom's Separate Child	\$ 0	Dad's income	\$500
Parental needs	- 716	Allocation from Mom	\$342	Parental Needs	- \$716
Total	\$ 684	Total	\$342	Allocation	0
Allocation (Total ÷ 2) =	\$ 342				

Mutual Child's income	\$ 0
Allocation from Mom	\$342
Allocation from Dad	0
Total	\$342

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MBU #1		MBU #2		MBU #3	
Mom	\$684	Mutual Child	\$342	Dad	\$500
Mom's Child	<u>\$342</u>	Total	<u>\$342</u>	Total	<u>\$500</u>
Total	\$1026	Limit	\$407	Limit	\$716
Limit	\$968				

Mom and her separate child fail to pass Section 1931(b). They should be evaluated for the MN program. The mutual child and Dad pass Section 1931(b).

MN Program

Mom	\$1,400- \$342 (Allocation used for eligible Section 1931(b) Mutual Child)
Separate Child	<u>0</u>
Total	\$1058
Limit for 2	\$ 968
SOC	\$ 90

Mom has a SOC of \$90. Note: An unmarried parent may not deduct any income that was used to make the other parent eligible for Section 1931(b). Evaluate the separate child for the 133 Percent program. Only the income of Mom and the separate child is used.

133 Percent Program

Mom	\$1,400
Dad	N/A
Separate child	<u>0</u>
Mutual child	<u>N/A</u>
Total	\$1,300
Limit for 4	\$1,957

Mom's separate child is eligible for the 133 percent program.

The next month, the family is reevaluated for the Section 1931(b) program as recipients. Assume they all pass.

Five months later Mom takes a full time job with a net nonexempt earned income of \$2,000 and she is working over 100 hours. Dad is no longer incapacitated and has \$1000 net nonexempt earned income. He no longer receives the \$500 unearned income. Mom is determined to be the PWE. Because the family has a change in circumstances that require that unemployment deprivation be established, the U-Parent income test applies.

U-Parent Test

Mom	\$2,000 net nonexempt earned income
Dad	1,000 net nonexempt earned income
Mom's Child	N/A
Mutual Child	<u>N/A</u>
Total	\$3,000
Limit for 4	\$1,471

The family fails the U-Parent test.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mom still has deprivation because her separate child has an absent parent; however, Dad and the mutual child have no deprivation. Dad may not be an essential person because he is not married.

The family should be reevaluated for Section 1931(b) as recipients for income purposes. Dad and the mutual child are ineligible members of the MFBU. Assume Mom and her separate child are eligible for Section 1931(b) using the \$240 + 1/2 deduction. Dad has no linkage. He and the mutual child are eligible for TMC because they were terminated from Section 1931(b) due to increased hours of employment (loss of deprivation). If Mom and her child become ineligible for Section 1931(b) for increased earnings, they will be eligible for TMC.

Note: To be eligible for Section 1931(b), a parent must have at least one deprived child in a zero SOC program.

e. Multiple Linkage Factors

A husband and wife have one mutual child. The wife has two children by a previous marriage, and the husband has three children by a previous marriage. They all live together. Neither absent parent is deceased. The father is unemployed according to the provision of Title 22, CCR, Section 50215. All are requesting Medi-Cal. Is there deprivation for each child? Are the parents linked?

Answer: Yes. The wife's separate children and the husband's separate children are deprived by the absence of a parent. Both parents may be linked by absence. The mutual child is deprived by the unemployment of his father. Only the mutual child will lose linkage once the father returns to work but may be aided under the federal poverty programs, the Medically Indigent program, or the Transitional Medi-Cal program.

Note: If there were no deprived mutual children and one spouse had no separate children, that spouse's only linkage for the MN program must be through the spouse's incapacity (see previous example), or pregnancy or disability. The spouse may not be linked through the unemployment of the spouse for the AFDC MN program. A stepparent may be eligible as an essential person under the Section 1931(b) program although he/she has no children.

f. Forms

1. Principal Wage Earner (PWE) Working 100 Hours or More Unemployed Parent Determination Worksheet - MC 337
2. Vocational and Work History - MC 210 S-W.
3. Vocational and Work History- Spanish MC 210 S-W (SP)
4. Medical Report for Incapacitated Parent - CA 61

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

UNEMPLOYED PARENT DETERMINATION WORKSHEET

Case Name:	Case Number:
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SECTION 1931(b) APPLICANTS AND MEDICALLY NEEDY (MN) FAMILIES <i>Note: Section 1931(b) Recipients may work over 100 hours without a separate unemployment income test unless there is a "break in aid" or a change.</i>		County Use:
1	Earnings of Principal Wage Earner (PWE) \$ _____ -\$90 \$ <small>(Use the \$65 +1/2 and the unused \$20 rather than the \$90 if there is an ABD person in the MN determination)</small>	
2	Earnings of Second Parent/Spouse \$ _____ -\$90 \$ <small>(Use the \$65 +1/2 and the unused \$20 rather than the \$90 if there is an ABD person in the MN determination)</small>	
3	Countable Earned Income (lines 1+2) \$	
4	Dependent Care Deduction \$	
5	Court Ordered Child/Spousal Support Deduction \$	
6	Allocation to PA Member \$	
7	Allocation to Excluded Children \$	
8	Other Applicable Section 1931(b), AFDC-MN, or ABD-MN Deductions (if ABD-MN Person is in the MN Family) \$	
9	Other Applicable Deductions \$	
10	Total Deductions (lines 4-9) \$	
11	Total Net Nonexempt Earned Income (line 3 minus line 10 rounded down to the nearest dollar) \$	
12	100% FPL Limit for Family Size of _____ \$ <small>(Number in MFBU including children except persons who are PA or excluded)</small>	
13	Is Total Net Nonexempt Earned Income at or below 100% of the FPL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14	If line 13 is <u>Yes</u>, then the PWE is considered an Unemployed Parent. Evaluate family for the Section 1931(b) program if the youngest child in the home is under 18 or 18 and enrolled in school and expected to graduate prior to age 19. If not and the youngest child is under 21, then determine eligibility for the Medically Needy program. If line 13 is <u>No</u>, then the PWE is employed and there is no Unemployed Parent deprivation.	
Eligibility Worker Name:		Worker number
		Date:

MC 337 (4/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

VOCATIONAL AND WORK HISTORY (To Be Completed By Applicant/Beneficiary)

Parent Number 1 Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

1.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	4.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____			<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____
2.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____	5.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____
3.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____	6.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____

Parent Number 2 Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

1.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	4.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____			<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____
2.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____	5.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____
3.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____	6.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$ _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL U-PARENT DETERMINATION WORKSHEET (To Be Completed By CWD Staff)

Case name: _____ Worker number: _____

Case number: _____ Date: _____

1. Determination of Principal Wage Earner (PWE)

- a. Application date OR date U-Parent deprivation began: _____
- b. To establish 24-month earnings period, check month on chart for each parent:

Month number 1: subtract two years from line (a): _____

Month number 24: Month/Year immediately preceding line (a): _____

Parent 1's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
		Nov.		Nov.		Nov.
		Oct.		Oct.		Oct.
		Sep.		Sep.		Sep.
		Aug.		Aug.		Aug.
		Jul.		Jul.		Jul.
		Jun.		Jun.		Jun.
		May		May		May
		Apr.		Apr.		Apr.
		Mar.		Mar.		Mar.
		Feb.		Feb.		Feb.
		Jan.		Jan.		Jan.
Total: \$ _____						

Parent 2's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
		Nov.		Nov.		Nov.
		Oct.		Oct.		Oct.
		Sep.		Sep.		Sep.
		Aug.		Aug.		Aug.
		Jul.		Jul.		Jul.
		Jun.		Jun.		Jun.
		May		May		May
		Apr.		Apr.		Apr.
		Mar.		Mar.		Mar.
		Feb.		Feb.		Feb.
		Jan.		Jan.		Jan.
Total: \$ _____						

The parent earning the greater amount is the PWE: _____
(Name of PWE)

2. Is the PWE working 100 hours or more a month? ☐ Yes ☐ No
If "yes," complete the Unemployed Parent Worksheet (MC 337).

Note: If the PWE is a recipient of Section 1931(b), he/she may exceed 100 hours with no earned income test.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

VOCATIONAL AND WORK HISTORY/HISTORIAL VOCACIONAL Y LABORAL (To Be Completed By Applicant/Beneficiary/Para que el solicitante/beneficiario lo complete)

Parent Number 1/Padre/Madre Número 1 Name/Nombre: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.
Anote su historial de empleo y capacitación durante los últimos dos años. Comience con su empleo o capacitación actual o más reciente.

Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/Trabajo o Capacitación	When Employed/Cuándo se le Empleó	Gross Amount Monthly/Cantidad Mensual Bruta	Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/Trabajo o Capacitación	When Employed/Cuándo se le Empleó	Gross Amount Monthly/Cantidad Mensual Bruta
1. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____	4. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____
2. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____	5. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____
3. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____	6. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____

Parent Number 2/Padre/Madre Número 2 Name/Nombre: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.
Anote su historial de empleo y capacitación durante los últimos dos años. Comience con su empleo o capacitación actual o más reciente.

Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/Trabajo o Capacitación	When Employed/Cuándo se le Empleó	Gross Amount Monthly/Cantidad Mensual Bruta	Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/Trabajo o Capacitación	When Employed/Cuándo se le Empleó	Gross Amount Monthly/Cantidad Mensual Bruta
1. _____	<input type="checkbox"/> Work <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____	4. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____
2. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____	5. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____
3. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____	6. _____	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ____/____/____ Al ____/____/____	\$ _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL U-PARENT DETERMINATION WORKSHEET (To Be Completed By CWD Staff)

Case name: _____ Worker number: _____

Case number: _____ Date: _____

1. Determination of Principal Wage Earner (PWE)

- a. Application date OR date U-Parent deprivation began: _____
- b. To establish 24-month earnings period, check month on chart for each parent:

Month number 1: subtract two years from line (a): _____

Month number 24: Month/Year immediately preceding line (a): _____

Parent 1's Earnings	Current year _____		Year _____		Year _____	
	\$		\$		\$	
		Dec.		Dec.		Dec.
		Nov.		Nov.		Nov.
		Oct.		Oct.		Oct.
		Sep.		Sep.		Sep.
		Aug.		Aug.		Aug.
		Jul.		Jul.		Jul.
		Jun.		Jun.		Jun.
		May		May		May
		Apr.		Apr.		Apr.
		Mar.		Mar.		Mar.
		Feb.		Feb.		Feb.
		Jan.		Jan.		Jan.
Total: \$ _____						

Parent 2's Earnings	Current year _____		Year _____		Year _____	
	\$		\$		\$	
		Dec.		Dec.		Dec.
		Nov.		Nov.		Nov.
		Oct.		Oct.		Oct.
		Sep.		Sep.		Sep.
		Aug.		Aug.		Aug.
		Jul.		Jul.		Jul.
		Jun.		Jun.		Jun.
		May		May		May
		Apr.		Apr.		Apr.
		Mar.		Mar.		Mar.
		Feb.		Feb.		Feb.
		Jan.		Jan.		Jan.
Total: \$ _____						

The parent earning the greater amount is the PWE: _____ (Name of PWE)

2. Is the PWE working 100 hours or more a month? ☐ Yes ☐ No
If "yes," complete the Unemployed Parent Worksheet (MC 337).

Note: If the PWE is a recipient of Section 1931(b), he/she may exceed 100 hours with no earned income test.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDICAL REPORT

COUNTY USE ONLY

Case name	Case number	Worker name	Worker number
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SECTION I: PATIENT/CLIENT INFORMATION AND MEDICAL RELEASE

Name of patient/client (last, first, middle) / Nombre del paciente/cliente (apellido, primer nombre, segundo nombre)

Birth date / Fecha de nacimiento	Social Security number / Número del Seguro Social	Sex / Sexo <input type="checkbox"/> Male/masculino <input type="checkbox"/> Female/femenino	Ages of children in home / Edades de los niños en el hogar
----------------------------------	---	---	--

I authorize / Autorizo _____ of / de _____
Name of licensed physician or certified psychologist / Nombre del doctor con licencia o psicólogo certificado
Name of clinic or medical group / Nombre de la clínica o grupo médico

to release my medical information on this form to the county welfare department. This authorization is valid for one year from the date signed and I may ask for a copy of this authorization.

al departamento de bienestar público del condado para que proporcione la información médica que se solicita en este formulario. Esta autorización es válida por un año a partir de la fecha de la firma y tengo derecho a solicitar una copia de esta autorización.

Patient/client signature / Firma del paciente/cliente	Date/Fecha
---	------------

SECTION II: PHYSICIAN OR LICENSED/CERTIFIED PSYCHOLOGIST INSTRUCTIONS AND CERTIFICATION

The county welfare department needs your information to determine if the above-named person has a physical or mental incapacity that prevents or substantially reduces the patient's ability to engage in full-time work, training, and/or provide necessary care for his/her child(ren).

Please complete the rest of this form. Explain if you need additional lab work or other exam(s) before you can determine the duration of incapacity. If you need more space, use another sheet of paper and attach it to this form.

PLEASE GIVE THIS FORM TO THE PATIENT OR RETURN IT AND/OR OTHER VERIFICATION WITHIN FIVE WORKING DAYS TO:

(County Stamp)

1. Does the patient have a physical or mental incapacity that prevents or substantially reduces his/her ability to work full time at his/her customary job?

- ☐ Yes If yes, expected duration: _____
☐ Temporary, expect to release patient for full-time work on _____ (month, day, year)
☐ Permanent
☐ No

2. Does the patient have a physical or mental incapacity that prevents or substantially reduces his/her ability to care for his/her children?

- ☐ Yes If yes, expected duration: _____
☐ Temporary, expect to release patient for full-time work on _____ (month, day, year)
☐ Permanent
☐ No

3. List DIAGNOSIS and PROGNOSIS for this patient:

4. Onset date: _____
(month, day, year)

- I understand that the statements I have made on this form are subject to verification and investigation for welfare fraud.
- I declare under penalty of perjury under the laws of the United States and the State of California that the information contained in this report is true, correct, and complete.

Signature of physician, licensed certified psychologist, or person authorized to complete form		Date	
Printed name and title/specialty		Phone number ()	
Street address (mailing address, if different)	City	State	ZIP code

MC 61 (5/00)

MEDI-CAL ELIGIBILITY MANUAL

5D — MEDI-CAL ELIGIBILITY FOR NONFEDERAL AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) CASH ASSISTANCE RECIPIENTS

Legislation in 1982 discontinued Medi-Cal eligibility for most Medically Indigent Adults and transferred responsibility for their medical care to the counties effective January 1, 1983. Included in this category were most adults in the state-only cash AFDC-Unemployed (AFDC-U) and Emergency Assistance-Unemployed Parent (EA-UP) cases. These cases are not federally eligible and are entirely state-funded. Subsequent lawsuits (e.g., Simon vs. Mc Mahon, Reyna vs. Mc Mahon, and Shaw vs. Mc Mahon) against the AFDC program increased the universe of nonfederal AFDC cash assistance cases. In a number of these lawsuits, the issue of eligibility for nonfederal cash had no impact on the recipient's eligibility for Medi-Cal.

In order to establish whether Medi-Cal eligibility exists in nonfederal AFDC cases, the county must:

1. Determine the reason the family is not eligible for federal AFDC.
2. Apply the pertinent Medi-Cal regulations to this specific factor.

Example 1

Federal AFDC regulations require that children with their own income or resources be included in the family assistance unit (AU) if they are living in the home. Pursuant to Simon vs. Mc Mahon, the State must now permit the exclusion of such children from the AU. Medi-Cal regulations currently allow a child over the age of two months to be excluded from the Medi-Cal Family Budget Unit (MFBU) if the child has separate income or property. In this example, if the family was receiving nonfederal AFDC cash pursuant to Simon vs. Mc Mahon, the entire family meets Medi-Cal rules and, thus, the adults would be eligible to receive a Medi-Cal card.

Example 2

Federal AFDC-UP program regulations require the unemployed principal earner to be "connected to the labor force". Medi-Cal regulations covering AFDC-U parent linkage also require the principal wage earner to have established a connection to the labor force. In this example, if the family was receiving state-only AFDC-UP cash assistance, the adults would not meet Medi-Cal program standards and, thus, would not be eligible for Medi-Cal.

----- MEDI-CAL ELIGIBILITY MANUAL -----

Please Note: The county must make a similar evaluation based on the specific issue(s) involved in each lawsuit against the AFDC program to determine the impact on Medi-Cal eligibility for adults in nonfederal AFDC cash assistance cases.

The following chart identifies which persons in nonfederal AFDC cash assistance cases qualify for Medi-Cal.

Nonfederal AFDC Cash/EA-UP Recipient Eligibility for Medi-Cal

Person's Characteristics		Medi-Cal Eligibility	
		Yes	No
Under 21		X	
Over 21 and pregnant		X	
In LTC		X	
Would meet MN (50203) or MI (50251) criteria if an application were made.	If Yes	X	
	If No		X

The county must transmit a Medi-Cal Eligibility Data System (MEDS) record using the appropriate cash aid code for all nonfederal AFDC cash assistance recipients who are also Medi-Cal eligible. However, no MEDS record is to be transmitted for those members of the assistance unit who are not Medi-Cal eligible.

MEDI-CAL ELIGIBILITY MANUAL

5E -- RAMOS v. MYERS PROCEDURES

I. Background

Suit was brought against the Department of Health Services (DHS) in U. S. District Court over the effect the discontinuance of a Supplemental Security Income/State Supplementary Payment (SSI/SSP) cash grant has on a person's Medi-Cal eligibility. As a result of the suit, a court order was issued requiring DHS to:

- A. Issue a Notice of Action to all persons whose SSI/SSP-based Medi-Cal has been discontinued and inform them of the actions they must take to have Medi-Cal-only eligibility determined.
- B. Mail an application for Medi-Cal only, and a short-form version of the Medi-Cal Statement of Facts, to persons discontinued due to excess resources or excess income.
- C. Extend for one month past discontinuance no-cost Medi-Cal eligibility, including issuing Medi-Cal cards, for SSI/SSP individuals discontinued as the result of excess resources, while the county determines Medi-Cal-only eligibility based on current information from the client.
- D. For those persons discontinued due to "excess income", determine an initial share of cost (SOC) using income information supplied on the State Data Exchange (SDX), and issue an MC 177 to client for the month following discontinuance. Client also receives an application for Medi-Cal only and a short-form version of the Medi-Cal Statement of Facts.
- E. Identify persons discontinued due to entering a long-term care (LTC) facility and prepare a listing for counties to be used to identify and contact those persons and assist them with applying for Medi-Cal.
- F. Afford a state hearing to persons who appeal the loss of their SSI/SSP-based Medi-Cal, if such a hearing is requested timely in accordance with the Department of Social Services (DSS) regulations.
- G. Grant aid paid pending to persons who appeal loss of their SSI/SSP-based Medi-Cal in a timely fashion in accordance with DSS regulations.

II. SSI/SSP Discontinuance Process

The following describes the SSI/SSP Discontinuance categories and related state and county actions required.

MEDI-CAL ELIGIBILITY MANUAL

891/897 DISCONTINUANCE PROCESS

CATEGORY	STATE ACTION	CLIENT ACTION		COUNTY ACTION
		Required	Taken Timely	
Death, loss of contact, loss of residence	Produce and send to client: • Notice of Action • Notification of Right to Appeal	If SSA discontinuance was erroneous, client will contact SSA or DHS.	N/A	None
Excess income—regular share of cost	Compute initial share of cost, based on income date in SDX record. Produce and send to client: • Notice of Action • Notification of Right to Appeal • Application for Public Assistance (CA 1) • Medi-Cal Temporary Redetermination form (MC 211) • Record of Health Care Costs—Share of Cost (MC 177 SAM) Produce and send to county: • List of clients who received a Notice of Action	Yes	Yes	Process application; ⁶ recompute state-determined share of cost. Note: Provide second month MC 177 SAM using original state-determined share of cost if county eligibility determination is not completed in time for following month(s). Completed and returned MC 177 SAM—standard processing. Complete and mail Notice of Action discontinuing excess income Medi-Cal eligibility effective the first of the month following the state-determined share-of-cost month.
Long-term care	Produce and send to client: • Notice of Action • Notification of Right to Appeal Produce and send to county: • Listing of clients who received Notice of Action Counties may also receive a Medi-Cal Long-Term Care Facility Admission and Discharge Notification Form (MC 171) directly from a long-term care facility providing them with additional names.	No	No	Long-term care outreach as described in these procedures and eligibility determination.
Extended eligibility—excess resources OR disability for child under 21 and OR undetermined excess income	Produce and send to client: • Notice of Action • Notification of Right to Appeal • Application for Public Assistance (CA 1) • Medi-Cal Temporary Redetermination form (MC 211) • "Extended Eligibility" Medi-Cal card for the first month following SSI/SSP-based Medi-Cal discontinuance under no share-of-cost aid code Produce and send to county: • Listing of clients who received a Notice of Action	Yes	Yes	Process application ⁶ Note: Provide a temporary Medi-Cal card, no share-of-cost aid code, if county eligibility determination is not completed in time for following month(s) Medi-Cal eligibility. Complete and mail Notice of Action discontinuing extended Medi-Cal eligibility.
Reason other than above	Produce and send to client: • Notice of Action • Notification of Right to Appeal • Application for Public Assistance (CA 1) • Statement of Facts for Medi-Cal (MC 210)	Yes	Yes	Standard intake processing.
			No	None

• Eligibility determination is to be made based upon Medi-Cal Temporary Redetermination form (MC 211) unless the information is inadequate. County may request beneficiary complete a Statement of Facts for Medi-Cal (MC 210). Also, face-to-face interview will be after initial determination.

MEDI-CAL ELIGIBILITY MANUAL

III. County Welfare Department Responsibilities

The county welfare departments' eligibility determination responsibilities under the Ramos settlement are identical to those required under the regular Medi-Cal eligibility determination process, except for those listed in A and C below.

The court settlement requires that Medi-Cal eligibility be continued for people in the Excess Income (SOC) and Extended Eligibility categories until a transfer from cash-based Medi-Cal to Medi-Cal only is accomplished or until the county determines that the individual is ineligible. Therefore, the county must expedite processing of applications submitted by these clients.

A. County Processing of Excess Income (SOC) Cases

1. Client returns MC 211 and CA 1 timely (timeliness is determined by each individual county welfare department and may be as late as the 20th of the month). See III.A.2.a.
 - a. If the client returns the MC 211 and CA 1 timely, the county shall determine Medi-Cal eligibility and SOC based upon information provided on the MC 211.
 - b. If it appears that more information is needed than appears on the MC 211, the county shall require the client to complete the Statement of Facts for Medi-Cal, MC 210. Otherwise, the beneficiary need not complete the MC 210 until annual redetermination.
 - c. If eligibility exists, the county must recompute the state-determined SOC for the month of state-determined Medi-Cal-only eligibility. If necessary, reduce the state-determined SOC retroactively in accordance with Title 22, California Administrative Code (CAC), Section 50653. If the SOC should have been greater, you may not increase the SOC until a proper ten-day notice has been sent.
 - d. Initiate Notices of Action for continuing eligibility/SOC and decrease in state-determined SOC if appropriate.

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2. Client does not return the MC 211 and CA 1 timely (timeliness is determined by the individual county welfare department).
 - a. Although timeliness is independently regulated by each county, in order to allow the beneficiary sufficient time to fill out the required documents, counties should wait until the 20th of the current month before sending a discontinuance notice to the individual, effective the end of the current month for failure to provide information.
 - b. If the client submits the CA 1 and MC 211 after the discontinuance notice has been sent but prior to the end of the current month, counties may rescind the discontinuance notice. If it appears that more information is needed than is contained on the MC 211, the county shall require the client to complete the Statement of Facts for Medi-Cal (MC 210). Otherwise, the client need not complete the MC 210 until annual redetermination.
 - c. If eligibility exists, the county must recompute the state-determined SOC for the month of state-determined Medi-Cal-only eligibility. If necessary, reduce the state-determined SOC retroactively in accordance with Title 22, CAC, Section 50653.
 - d. If information identified from review of the MC 211 results in the client's ineligibility, or change in the SOC, the appropriate ten-day Notice of Action must be sent.
3. Client returns an incomplete MC 211 and CA 1 timely.
 - a. Contact the client by telephone, if possible, and obtain the necessary information. Document this action in the margin on the MC 211.
 - b. Follow the regulations as provided in Title 22, CAC, Sections 50165 and 50166.
 - c. Continue to issue an MC 177S using the state-determined SOC until such time as the client provides the information or the county discontinues the individual for failure to provide necessary information.
4. Client returns application timely, but the county fails to determine eligibility timely.

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- a. Notify the client of the circumstances. Provide an MC 177S for the next month, using the state-issued beneficiary ID number and SOC shown on the Medi-Cal Eligibility Data System (MEDS) or the listing received from the State.
- b. Expedite county processing of the client's application. The county must continue the original state-determined SOC Medi-Cal coverage until the eligibility determination is made and proper notice is given.

Beginning date of eligibility for county-determined Medi-Cal-only eligibility shall be the first of the month following the state-determined SOC month.

Example:

Discontinuance of SSI/SSP-based Medi-Cal	December 31, 1986
Month of state-determined Medi-Cal SOC eligibility	January 1987
First month of county-determined eligibility	February 1987

Exception: If the county's recomputation of the state-computed SOC for the past month results in a lower SOC for that past month, then that month is the first month of county-determined eligibility.

5. MC 177S Processing

Counties shall process the state-issued MC 177S according to existing procedures regardless of when the MC 211 and CA 1 are submitted, provided the MC 177 is submitted within one year from the month of eligibility indicated on the MC 177.

B. County Processing of LTC Cases

1. Use the state-provided monthly Ramos listing and/or the county copy of the Medi-Cal Long-Term Care Facility Admission and Discharge Form (MC 171) to identify LTC discontinuance cases.
2. Contact such persons in the LTC facilities within 30 days and assist them with completion of a Medi-Cal-only application, in accordance with Title 22, CAC, Section 50147.

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NOTE: Counties must make appointments to ensure there is no break in eligibility, providing beneficiary is otherwise eligible.

C. County Processing of Extended Eligibility Cases

The county will follow the same procedures as described for Excess Income cases in III.A.1 through 4 above with the following exceptions:

1. Since the individual is discontinued based upon excess resources (or occasionally for children under 21, loss of disability linkage rather than excess resources), no MC 177S is included for these individuals pending county continuing eligibility determination.
2. Some of the people in this category were discontinued by the Social Security Administration (SSA) because of excess income. Since the SDX record did not contain valid or updated income information, no SOC could be determined. Therefore, the beneficiary Notice of Action states if the beneficiary returns an MC 211 and CA 1 by the fifth of the current month, the county must continue no-cost Medi-Cal coverage until the county eligibility determination and SOC computation is made and proper notice is given. The fifth of the month is a firm date and is not flexible as is the county timeliness date.
3. If county action on the client's application is not timely, the county must issue no SOC Medi-Cal card, using the state-issued beneficiary ID (federal format) number.

D. County Processing of All "Other" Discontinued Categories

Persons who receive an MC 210 and CA 1 as part of the notification process will be responsible for returning that form to the county if they want their eligibility determined under another program. Upon receipt, counties shall process these forms using regular intake procedures.

IV. Issuance of Medi-Cal ID Cards/Numbers

As described above, in some situations the county will be responsible for preparing and issuing Medi-Cal cards. Counties should establish eligibility on MEDS using normal procedures.

When a Medi-Cal card is issued prior to a county eligibility determination, the Medi-Cal ID number will consist of the county code (two digits), aid code (two digits), a constant "9" indicator (one digit), and the individual's Social Security number (SSN) (nine digits).
(59-14-9-123456789)

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The following aid codes shall be assigned to persons receiving continued Medi-Cal until a county determination and county case number is assigned.

<u>Category</u>	Extended Eligibles —	Excess Income —
	<u>No SOC</u>	<u>SOC</u>
Aged	14	17
Blind	24	27
Disabled	64	67

V. State Hearing Process

A. State Hearing Requests

Those people who wish to appeal their SSI/SSP-based Medi-Cal discontinuance must either send a request for a state hearing to the Administrative Adjudication Division (formerly Office of Chief Referee) or must contact Public Inquiry and Response Unit, DSS, at (800) 952-5253. The county welfare department will not be involved in such appeals and should refer those clients to DSS if they contact the county.

B. Aid Paid Pending

1. State Action

When DHS is notified by DSS of a timely appeal of a Ramos discontinuance, aid paid pending will be granted. Zero SOC Medi-Cal cards, as described in IV above, will be issued by DHS pending the state hearing or, if the Administrative Law Judge orders, until a state hearing decision is adopted.

DHS will notify the county immediately of all recipients granted aid paid pending status. The aid paid pending notification will be a county worker alert with the following message: "Beneficiary on Aid Paid Pending (Ramos/Myers State Hearing) ALERT".

2. County Action

If an application is submitted by a person currently receiving Aid Paid Pending a Ramos/Myers State Hearing, the county shall contact the beneficiary to determine if he/she wishes to withdraw from the hearing. If the beneficiary wishes to withdraw, the beneficiary must either send a withdrawal request to notify the Administrative Adjudication Division or contact Public Inquiry and Response Unit to verbally

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request a withdrawal from his/her state hearing. If the beneficiary does not wish to withdraw, the county shall take no action on the application until the aid paid pending has been terminated.

The county shall issue replacement Medi-Cal cards or additional proof of eligibility (POE) labels upon request for individuals in aid paid pending status. Name, Medi-Cal ID number, and SSN shall be taken from the MEDS record.

C. State Hearing Requests Based Upon County Actions

If the county has accepted an application and acted on it, then state hearing requests based upon the county discontinuance shall be processed using standard state hearing procedures.

Clients who appeal the county discontinuance timely will be eligible for aid paid pending. The county shall continue the eligibility status determined by the State until a decision has been rendered or the State Administrative Law Judge orders cessation of aid paid pending.

The county will issue "no-cost" Medi-Cal cards to Extended Eligibles or an MC 177S to those Excess Income Eligibles using the state-issued Medi-Cal ID numbers as described in IV above.

Any questions regarding the Ramos v. Myers procedures described above should be referred to:

Medi-Cal Eligibility Branch
Systems Unit
Att: Ramos v. Myers Clerk
714 P Street
Sacramento, CA 95814

(916) 445-1912

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5F-PROPERTY DISREGARD PROVISION (FORMERLY ASSET WAIVER)

A. BACKGROUND

1. 185 Percent Program

Effective July 1, 1989, Medi-Cal eligibility was extended to cover perinatal services with no share of cost (SOC) for certain pregnant women and full scope or emergency services only for infants up to one year of age. To be eligible for this program, pregnant women and infants must meet all other program eligibility criteria and have family incomes not in excess of 185 percent of the federal poverty level (FPL).

2. 200 Percent Program and Property Disregard

The 200 Percent Program was established by state legislation in 1990 as a state-only program to cover otherwise eligible pregnant women and infants up to age one whose family income was above 185 percent of the FPL but did not exceed 200 percent FPL. Infants received the same services as under the regular Medi-Cal program. Services for pregnant women, however, were limited to pregnancy-related services.

During the 1991 state legislative session, AB 99 was passed which, among other things, enacted a property disregard provision specifically for the 200 Percent Program. This meant that pregnant women and infants under one year of age whose family income would qualify them for services under the 200 Percent Program, but who were ineligible due to excess property, would now have their excess property disregarded in order to qualify for the 200 Percent Program.

Implementation of this property disregard provision for the 200 Percent Program began January 1, 1992. Those pregnant women and infants with net nonexempt family income at or below 185 percent FPL or above 200 percent FPL did not qualify for the 200 Percent Program and its property disregard provision.

3. Income Disregard Program

On February 1, 1994, SB 35 (Chapter 69, Statutes of 1993) was passed which required counties to implement a new income disregard in the 185 Percent Program. This change also impacted the 200 Percent Program.

The new income disregard reduced the income of pregnant women and infants in the 200 Percent Program to a level at or below 185 percent of the FPL. Thus, pregnant women and infants in the 200 Percent Program who did not need the 200 percent property disregard provision were now covered by the 185 Percent Program. The 185 Percent Program was renamed the Income Disregard Program and the 200 Percent Program remained available only to pregnant women and infants between 186-200 percent of the FPL with excess property.

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4. Property Disregard for Pregnant Women and Infants

On July 9, 1994, Governor Pete Wilson signed AB 2377 (Chapter 147, Statutes of 1994) which requires the Department of Health Services to implement the federal Medicaid option of asset waiver (now called Property Disregard) for all pregnant women and infants in the Income Disregard Program. In California, this option would also be extended to pregnant women and infants up to 200 percent due to the Income Disregard Program. This means that pregnant women and infants who had remained in the 200 Percent Program due to excess property are now eligible for the 185 Percent Program. Therefore, effective September 1, 1994 all eligible pregnant women and infants up to one year of age with income at or below 200 percent of the FPL are covered by the Income Disregard Program, whether or not they need the property disregard program.

Due to the implementation of this property waiver provision, there will no longer be a 200 Percent Program.

5. Property Disregard for Children

On October 3, 1997, SB 903 was chaptered into law (Chapter 624, Statutes of 1997) to allow property for children ages one to nineteen in the 133 and 100 Percent programs to be disregarded. This change was implemented to help streamline the application process and to align Medi-Cal eligibility more closely with the Healthy Families insurance program which disregards assets for low-income children. Implementation begins on March 1, 1998.

B. AFFECTED GROUPS

1. Pregnant Women

If the pregnant woman's net nonexempt family income is at or below 200 percent of the FPL and she is otherwise eligible, she is eligible for the Income Disregard program even if her property is over the Medi-Cal property limit because property is disregarded under this program. However, if her property exceeds the regular Medi-Cal program limit, she is not eligible for regular Medi-Cal.

2. Infants Under One Year of Age

Otherwise eligible infants under one year of age with family income at or below 200 percent of the FPL are eligible for the Income Disregard program even if family property exceeds the Medi-Cal limits. The infant will receive full-scope benefits until his/her first birthday unless he/she is only entitled to emergency services, e.g., undocumented alien.

3. Children Ages One to Six

Other eligible children even with family property over the Medi-Cal program limit are eligible for full-scope benefits under the 133 Percent program if their family income is at or below 133 percent of the FPL. NOTE: If the child is undocumented, he/she will receive only emergency services during that period.

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4. Children Ages Six to Nineteen

Otherwise eligible children even with family property over the Medi-Cal program limit are eligible for full-scope benefits under the 100 Percent program if their family income is at or below 100 percent of the FPL. **NOTE:** If the child is undocumented, he/she will receive only emergency and pregnancy-related services during that period.

C. AID CODES

Cases that contain children/persons in the 100 and 133 Percent programs which have or appear to have excess property are to be reported to the Medi-Cal Eligibility Data System on December 1, 1998. Counties were previously asked to begin flagging those cases on July 10, 1998.

The Department of Health Services will claim enhanced federal funding for the expansion of the property disregard program. These aid codes are:

8N 133 Percent program children with excess property - emergency benefits only
8P 133 Percent program children with excess property - full-scope benefits
8T 100 Percent program children with excess property - emergency/pregnancy only
8R 100 Percent program children with excess property - full-scope benefits

These aid codes will be used for children in the 100 and 133 Percent programs when the county has determined that the child or the family has excess property because:

- The county has determined that the child would have been denied or discontinued due to excess property, or
- Either of the questions in the mail-in application. "Do you have more than one car?", or "Do you have more than \$3,150 cash in bank accounts?" have been positively responded to.

These aid codes will have similar edits and messages as used for the 133 Percent aid codes (72 and 74) and the 100 Percent aid codes (7A and 7C).

Counties must identify and track all aliens who receive benefits under any of these new aid codes (see ACWDL 97-42).

We are not requiring counties to identify pregnant women or infants with excess property or who may have excess property since enhanced funding is not available for these persons.

D. CHANGES IN INCOME

1. Increases in Income for Pregnant Women and Infants

Since the Continued Eligibility (CE) program disregards all increases in income for certified eligible pregnant women through the end of the 60-day postpartum period, and for infants who are deemed eligible for up to one year of age, income increases will have no effect on eligibility for the property disregard provision of the Income Disregard Program. Therefore, income increases or other changes which affect treatment of family income are disregarded.

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for these individuals and they remain in the Income Disregard Program until eligibility ends due to the end of pregnancy (including postpartum period) or reaching one year of age.

2. **Increases in Income for Children**

Since the property disregard is only applicable for children in the 133 or 100 Percent programs, if the income increase makes the child ineligible for either of these programs, he/she will not be eligible for regular Medi-Cal unless the family is also property eligible.

3. **Decreases in Income**

Decreases in income will not affect the eligibility of pregnant women or infants, in the Income Disregard program or children in the Percent programs. They will continue in these programs until eligibility ends.

E. CHANGES IN PROPERTY

Families receiving Medi-Cal who become property ineligible must be discontinued unless they contain a pregnant woman, an infant up to age one, or a child ages one to nineteen AND whose income is at or below the appropriate level for the Income Disregard program or Percent program. Pregnant women only receive pregnancy-related benefits and should be notified of this change.

F. STATUS REPORTS

Current procedures exempt Medi-Cal Family Budget Units (MFBUs) consisting solely of pregnant women and/or an infant under one year of age from submitting a quarterly status report. Those pregnant women and infants determined eligible for Medi-Cal under the property disregard provision are treated in the same manner and need not submit a quarterly status report. However, they are still required to report changes within ten days.

Children in the Percent programs must continue to submit quarterly status reports for reasons other than property. Unlike infants, they are not guaranteed continuous 12 months of eligibility under the Continued Eligibility program. See Section 5H for more information on Continued Eligibility.

G. EXAMPLES

Example One: A pregnant woman applicant who requests full-scope benefits has net nonexempt family income at 195 percent FPL and a savings account valued at \$8,000 for her unborn's future education. The father of the unborn is deceased and there are no other children. The eligibility worker notifies the pregnant woman that she has excess property and must spenddown to the Medi-Cal limits if she wants to be eligible for full-scope benefits. She is also told she is eligible for pregnancy-related services through her postpartum period under the Income Disregard Program because property is disregarded in that program. She chooses to receive only pregnancy-related services in order to avoid spending down her savings account. Therefore, she is granted eligibility for the Income Disregard Program if otherwise eligible through the end of the 60-day postpartum period. At birth, the infant is eligible for full-scope benefits under the Income Disregard Program through his/her first year of life because property is disregarded.

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Example Two: A married pregnant mother and her eight-month-old son are receiving benefits as Income Disregard Program eligibles. The mother is also eligible for full-scope benefits with a SOC. Her husband is ineligible for benefits (for example, due to no linkage). Mom inherits real property worth \$50,000 and reports it under her continuing responsibility to report changes within ten days. She remains eligible for pregnancy-only benefits with the same aid code under the Income Disregard program because property is disregarded, but is discontinued (with timely notice) from her full-scope eligibility program because her property is counted. She continues to be eligible for her zero SOC pregnancy-only benefits until the end of her postpartum period, at which time she will be discontinued. Counties should send a Notice of Action (NOA) to notify her of the discontinuance, and should ensure that she is again informed that her eligibility may be reinstated if she spends down her excess property and if some other basis for her eligibility exists (e.g., deprivation). As in the previous example, the newborn infant is eligible for full-scope benefits through his/her first year of life and will then be evaluated for the 133 Percent Program where property is also disregarded.

With regard to the eight-month old son, he continues to receive full-scope benefits under the Income Disregard program until the end of the month in which he reaches his first birthday.

Example Three: A fifteen-year old child applies for Medi-Cal using the simplified application without any property information. He is eligible for the 100 Percent program because his family income is determined to be under 100 percent of the FPL. Several months later, the family notifies the county that their income has risen above the 100 percent limits. The county will send a discontinuance notice informing the family that he may apply for regular Medi-Cal by completing additional forms necessary to determine property and any other required information. If the family provides the additional information and the county determines that the child is property eligible, he will be eligible for regular Medi-Cal with a share of cost. The other family members may also apply, if eligible.

H. NOTICES OF ACTION

The former Asset Waiver NOAs for pregnant women and infants have been obsoleted. Counties should use the Income Disregard NOAs which now are to be used for pregnant women with excess property. Infants continue to be eligible regardless of changes in income and property. The NOAs for children in the 100 and 133 Percent programs have been revised as appropriate to address the issues of excess property, more property information, and information about the Healthy Families program.

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5G - THE 60-DAY POSTPARTUM PROGRAM

A. BACKGROUND

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, extended Medicaid eligibility to provide needed postpartum care for certain eligible pregnant women. Specifically, those women who have applied for, who are eligible for, and who have received Medi-Cal benefits on their last day of pregnancy shall continue to be eligible to receive pregnancy-related and postpartum services for a minimum of 60 additional days beginning on the last day of pregnancy. (NOTE: Any woman who applies for retroactive Medi-Cal coverage for the month pregnancy ends under Title 22, California Code of Regulations, Section 50710, or who has a share of cost (SOC) which is not met and who does not receive a Medi-Cal card for the month pregnancy ends, is not eligible for the 60-Day Postpartum Program.) Women who receive no-SOC Medi-Cal for full-scope benefits (or restricted benefits depending upon alien status or if in a poverty level program for pregnant women) during the 60-day period do not need to be covered under this program, since their regular card already covers pregnancy-related and postpartum services at no SOC. The restricted Medi-Cal eligibility period shall begin on the first day of the month following the month pregnancy ends, and shall end on the last day of the month in which the 60th day occurs. Services shall be restricted to pregnancy-related and postpartum services only.

B. PREGNANCY-RELATED AND POSTPARTUM SERVICES

The determination of what constitutes pregnancy-related and postpartum services is made by the Medi-Cal provider. However, the following is provided for your information.

Pregnancy-related and postpartum services include all antepartum (prenatal) care during labor and delivery; and postpartum care of the pregnant woman. For example, this includes all care normally provided during pregnancy (examinations, routine urinalysis, evaluations, counseling, and treatment) and initial postpartum care (hospital and scheduled office visits and, as appropriate, contraceptive counseling).

Services during the postpartum period for conditions not related to the diagnosis of pregnancy (e.g., respiratory infection, hepatitis, preexisting hypertension, appendicitis, etc.) are not available under the 60-Day Postpartum Program. As previously stated, the distinction of whether or not a service is pregnancy-related, however, will be made by the attending physician on a case-by-case basis.

C. AFFECTED GROUPS

The following groups of pregnant women will be affected by this program:

1. The Medically Indigent (MI) woman whose eligibility is based solely on pregnancy will be provided with 60 days of extended no-SOC benefits which are restricted to pregnancy-related and postpartum services only. The restricted benefits begin on the first day of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy-related and postpartum services shall be provided to the MI woman, regardless of whether other conditions of eligibility continue to be met.
2. The Medically Needy (MN) woman whose eligibility normally continues after pregnancy ends, but who has a SOC, will be provided with 60 days extended no-SOC benefits which are restricted to pregnancy-related and postpartum services only. The restricted benefits begin on the first day of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy-related and postpartum services shall be provided to the MN woman, regardless of whether other conditions of eligibility continue to be met. As described below, should this woman meet her SOC in a postpartum month, she will receive two cards, i.e., one for MN/SOC coverage and the other for the 60-Day Postpartum Program.

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3. The Public Assistance (PA)/Other-PA recipient or the MN woman who, due to a change in circumstances, loses her Medi-Cal eligibility, at any time during the 60-day period beginning on the last day of pregnancy will be provided restricted benefits under the no-SOC 60-Day Postpartum Program. Since this woman received regular Medi-Cal until the change in circumstances occurred, coverage under the 60-Day Postpartum Program begins on the first day of the first month in which Medi-Cal ineligibility occurs and ends on the last day of the month in which the 60th day occurs.

D. AID CODE AND TRANSACTION SCREEN

Aid Code 76 was established to designate those beneficiaries who are determined eligible for the restricted 60-Day Postpartum Program. In addition, transaction screen, EW15 will allow you to create a 60-Day Postpartum Program card.

A restricted services message "Valid For Pregnancy and Postpartum Services Only" will appear on the card. If the "County-ID-Per-MEDS" aid code is 76, the "MEDS-ID" must currently exist on MEDS. A new record cannot be established using aid code 76.

If the beneficiary has a SOC and the SOC is met, a regular Medi-Cal card is issued. This may occur in both months of the 60-day postpartum eligibility period.

For immediate need card issuance, if the aid code 76 card is other than current month, MEDS must show qualifying eligibility in the month prior to the month of the 76 card.

If the beneficiary is enrolled in a prepaid health plan (PHP), or a primary care case management (PCCM) plan, she will receive a fee for service Medi-Cal ID card with aid code 76 and the restricted postpartum message, and she will remain a PHP/PCCM hold status for the postpartum months. If Medi-Cal eligibility in a covered aid code is not reestablished within a three-month period, the beneficiary will be disenrolled following the second month of PHP/PCCM hold status.

If the beneficiary has a limited or restricted service status, the restriction code will appear in the restricted field on the labels as before, but the message area will contain the postpartum message. Therefore, it is up to the provider to check for any restriction codes prior to rendering services or prescribing drugs.

As with other special program aid codes, aid code 76 is not included in MEDS reconciliation. Aid Code 76 will appear on either the INQ1 or INQ2 special program screen under the category PREGNT.

E. COUNTY ACTION:

The following actions assume that in the month pregnancy ends, the county knows the otherwise eligible pregnant woman met her SOC if any. However, in many instances, the county will not know until a subsequent month that the SOC was met in the month pregnancy ends. In this situation, once the county finally determines the woman is to receive a Medi-Cal card for the month pregnancy ends, the county shall issue a Notice of Action informing her of the 60-Day Postpartum Program and take the appropriate action for her to receive 60-Day Postpartum benefits for the entire period as appropriate. (NOTE: A woman who receives Medi-Cal in the month pregnancy ends, as part of the three-month retroactive coverage is not eligible for the 60-Day Postpartum Program. Additionally, a woman who does not meet any SOC she may have and who does not receive a Medi-Cal card for the month pregnancy ends is not eligible for the 60-Day Postpartum Program.)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

in administering the 60-Day Postpartum Program, counties shall take the following actions:

1. For the Medically Indigent (MI) woman:

a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MI pregnant woman, notifying her of the termination of MI status (based on pregnancy) and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of the month (Title 22, CCR, Section 50703). During the last month of the 60-Day Postpartum Program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an interprogram status change shall be initiated (Title 22, CCR, Section 50183). If eligibility does not exist, adequate and timely notice of Medi-Cal discontinuance must be issued (Title 22, CCR, Section 50179).

2. For the Medically Needy (MN) woman whose eligibility continues with a SOC after pregnancy ends:

a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MN pregnant woman, whose eligibility continues with a SOC, notifying her of her eligibility for extended restricted benefits under the 60-Day Postpartum Program.

b. If the MN woman meets her SOC under the MN program for one of the 60-day postpartum months, MEDS will also issue a Medi-Cal card under the appropriate SOC aid code. This means that the MN woman with a SOC would have two Medi-Cal cards (MN/SOC and Postpartum/No SOC) during that month.

3. For the Public Assistance (PA)/Other-PA or the MN woman whose change in circumstances means Medi-Cal eligibility ends during the 60-day period beginning on the last day of pregnancy:

a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman who will not be receiving no-SOC Medi-Cal under another category, notifying her of the termination of program status and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of that month (Title 22, CCR, Section 50703). During the last month of the 60-Day Postpartum Program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an interprogram status change shall be initiated (Title 22, CCR, Section 50179).

4. For the Public Assistance (PA)/Other-PA or MN woman who does not have a SOC in the month pregnancy ends, but who has a change in circumstances resulting in eligibility continuing with a SOC during the 60-day postpartum period:

a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman, notifying her of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If this woman meets her SOC, MEDS will also issue a Medi-Cal card under the appropriate SOC aid code. This means that she would have two Medi-Cal cards during that one month.

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F. EXAMPLES

1. No SOC – Aid Code 86 – Medically Indigent: Gina delivers her baby on October 5, 1988. She continues to be eligible for regular Medi-Cal coverage for the entire month, i.e., until October 31, 1988, and is issued a regular Medi-Cal card. Assuming the 10-day Notice of Action is sent timely, her MI eligibility is terminated and eligibility for the no-SOC postpartum program begins on November 1, 1988, by which date 28 days of the federal program have already elapsed (the 60 days begin on the last day of pregnancy). As the 60th day from the last day of pregnancy falls on December 3, 1988, her eligibility for pregnancy-related and postpartum services ends December 31, 1988. During this time she is issued a no-SOC aid code 76 Medi-Cal card. If she had delivered on October 2, 1988, the 60th day from the last day of pregnancy would have fallen on November 30, 1988, and her no-SOC postpartum eligibility would have ended on the same date.
2. SOC – Aid Code 87 – Medically Indigent: Mary delivers her baby on October 25, 1988 and meets her SOC in October. The Notice of Action is sent on October 28, but due to the 10-day notice requirement, her eligibility for regular Medi-Cal coverage with a SOC continues until November 30, 1988. She does not meet her SOC in November and is not issued the regular Medi-Cal card; however, she is still entitled to receive postpartum coverage and is issued a no-SOC aid code "76" Medi-Cal card for November. As the last day of pregnancy is October 25, and the 60th day following is December 23, her no-SOC postpartum eligibility ends on December 31, 1988.
3. Loss of Eligibility During the 60-Day Period: Shirley is four months pregnant. She, her husband, and their two children are on AFDC cash assistance with cash-based Medi-Cal. On March 30, 1988, she suffers a miscarriage. On April 15, her husband wins \$500,000 in the State lottery. The family is discontinued from AFDC cash assistance and denied eligibility for Medi-Cal only due to excess property, effective May 1, 1988. However, she is eligible for the 60-day Postpartum Program because she applied for, was eligible for, and received Medi-Cal services on the last day of pregnancy. This eligibility continues regardless of whether other conditions of eligibility are met during the 60-day period. As the 60th day from the last day of her pregnancy falls on May 28, 1988, she is issued a no-SOC aid code "76" Medi-Cal card for the month of May.
4. Leap Year Disadvantage: Linda delivers her baby on January 1, 1988. Her eligibility for full coverage continues through January 31, 1988. As the 60th day from the last day of pregnancy falls on February 29, 1988, her eligibility for the postpartum program begins February 1 and ends February 29, 1988. The leap year works to Linda's disadvantage. If she had delivered on January 1 in a non-leap year, when February has 28 days, the 60th day would have fallen on March 1, and she would have had an additional month of the postpartum program eligibility, i.e., until March 31.

G. MINOR CONSENT SERVICES – PREGNANCY-RELATED AND POSTPARTUM SERVICES

For your information, there is no change in the Minor Consent Services Program. If there is no SOC, pregnancy-related and postpartum complications that affect recipients of Minor Consent Services are covered under Minor Consent Service Indicator L-8 (services related to pregnancy or family planning), not under the 60-Day Postpartum Program. If there is a SOC, the minor who meets the SOC in the month pregnancy ends will receive the aid code 76 card. The minor must request the card each month during the 60-day period, as she will not receive it automatically.

H. QUESTIONS AND ANSWERS

Question Q-1: What is the appropriate regulation section of Title 22, California Code of Regulations (CCR), for the 60-Day Postpartum Program?

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Answer: Section 50260, Title 22, CCR is the regulation which defines the 60-Day Postpartum Program.

Question Two: Exactly when does coverage under the 60-Day Postpartum Program begin and end?

Answer: Coverage under the 60-Day Postpartum Program always begins on the last day of pregnancy and ends on the last day of the month in which the 60th day after pregnancy ends. However, the woman who is eligible for the postpartum program is not to receive an aid code 76 during the month in which her pregnancy ends, because that month is covered under her regular Medi-Cal card. Furthermore, any woman who is to receive a regular Medi-Cal card with no SOC on the first day of a month included in the 60-day period should not receive an aid code 76 card for that month. For example, consider the Medically Indigent (MI) woman whose eligibility for regular Medi-Cal ceases after the month pregnancy ends. If, however, she is to receive a no-SOC full-scope benefits card solely because of the timely Notice of Action requirement, you would not issue her an aid code 76 card. Eligibility for the aid code 76 card, regardless of the month in which it is actually issued, ends on the last day of the month in which the 60th day after pregnancy occurs.

Question Three: Is the MI child eligible for the 60-Day Postpartum Program, and if she has a SOC, does she receive an aid code 76 card?

Answer: Yes. Any female, regardless of age, who has applied for, who is eligible for, and who receives Medi-Cal benefits on the last day of pregnancy is eligible for the 60-Day Postpartum Program. If she would otherwise be discontinued from Medi-Cal or have a SOC, she receives an aid code 76 card. If not, her pregnancy-related and postpartum medical expenses are covered under her no-SOC card.

Question Four: Does the minor who is eligible for Minor Consent Services, who has a SOC and who meets the SOC in the month pregnancy ends, receive the aid code 76 card?

Answer: Yes. The minor who is eligible for Minor Consent Services, who has a SOC, and who meets the SOC in the month pregnancy ends, receives the aid code 76 card. However, the minor must request the card each month during the 60-day period, as she will not receive it automatically. For the minor who has no SOC, pregnancy-related and postpartum services are covered under Minor Consent Services Indicator L-8 (services related to pregnancy or family planning).

Question Five: Is the Supplemental Security Income (SSI) woman eligible for the postpartum program? If so, and if she loses her SSI eligibility during the 60-day period, who issues the aid code 76 card, the Social Security Administration (SSA) or the county welfare department?

Answer: Yes. The SSI woman is eligible for the postpartum program. When the woman who has been discontinued from the SSI program applies for Medi-Cal only (pursuant to the RAMOS process) and the county determines that she applied for, was eligible for, and received Medi-Cal benefits under the SSI program on the last day of pregnancy, MEDS will issue her the aid code 76 card.

Question Six: If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, does the county continue to issue the postpartum card?

Answer: No. If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, the county nonetheless discontinues issuance of the postpartum card. The postpartum program is restricted as to benefits and duration of benefits; therefore, the initial Notice of Action, which informs the beneficiary that she is eligible for the postpartum program, should specify that her "eligibility for this program begins on (DATE) and ends on (DATE)". (Reevaluation of eligibility under another program for the postpartum eligible woman at the end of the 60-day period is discussed in question 15).

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Question Seven: Is a Medi-Cal beneficiary eligible for the postpartum program if she reports a pregnancy only after the month in which it ends? For example, in April 1992, the woman reports on her March MC-176-SAQ, Medi-Cal Status Report (Quarterly), that she miscarried in March. In March, her aid code status was 37 (AFDC-MN-SOC).

Answer: Yes. The woman who is a Medi-Cal beneficiary, who reports a pregnancy only after the month in which it ends, and who meets her SOC, if any, in the month pregnancy ends, is eligible for the postpartum program. The date her pregnancy ends establishes the beginning date of her 60-day eligibility period.

Question Eight: Does the county accept the client's verbal statement regarding the date pregnancy ends, or should it request medical verification?

Answer: The county should request reasonable medical verification regarding the date the pregnancy ends. This is especially true when the pregnancy is reported after the month in which it ends, and ends without delivery of a newborn. In the case in which the client cannot produce reasonable medical verification (e.g., a miscarriage early in the pregnancy), and in conformance with the requirement for a "diligent search to obtain documentation to verify" a client's claim to Medi-Cal eligibility (Title 22, CCR, Section 50157(c)), the county shall obtain a signed and dated affidavit from the client under penalty of perjury that states the date pregnancy ends.

Question Nine: What happens to the Medically Indigent (MI) woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before eligibility is established? Is she eligible for the 60-Day Postpartum Program? For example, some counties have eligibility workers who take the Medi-Cal application in the hospital from the MI woman who is in labor and ready to deliver.

Answer: The MI woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before her eligibility is established, is eligible for the 60-Day Postpartum Program, as long as the SOC, if any, for that month is met. Once Medi-Cal eligibility for the last month of pregnancy has been established, the MI woman will have met the criteria for the postpartum program, i.e., that she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy. This also includes a woman who must complete the CA-6 process to establish Medi-Cal eligibility in the month pregnancy ends.

Question Ten: Does a woman continue to be eligible for the 60-Day Postpartum Program even if she is receiving restricted benefits as an undocumented alien?

Answer: Yes. Once a woman is determined eligible for the 60-Day Postpartum Program because she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy, changes in eligibility status, including those relating to citizenship and alienage, do not affect eligibility for this program.

Question Eleven: Which county has responsibility for issuance of the aid code 76 card to the woman who is eligible for the postpartum program and who moves from one county to another during the 60-day program period?

Answer: When the woman who is eligible for the postpartum program moves to a new county during the 60-day program period, she remains the responsibility of the old county until the last day of the month in which her eligibility for the aid code 76 card ends. The designation of county of responsibility is consistent with that which has been made for the four-month and Transitional Medi-Cal (TMC) categories (Title 22, CCR, Section 50137 (a)(2)). Counties can mutually agree to affect an intercounty transfer by establishing a different effective date of discontinuance.

Question Twelve: Especially with regard to the newborn whose Medically Indigent (MI) mother has her Medi-Cal eligibility based solely on pregnancy, may the newborn be covered for the month following the month of birth under the aid code 76 card?

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Answer: Yes. The mother's card (whether for restricted or full-scope services) can be used to bill for medical services furnished to the newborn during the month of delivery and the month following.

Question Thirteen: If the MI woman who has given birth is discontinued from regular Medi-Cal at the end of the month of delivery and receives an aid code 76 card in the following month, must a new application be made to aid her newborn? If so, when must the application be made?

Answer: No application is needed to aid the newborn during the 60-day postpartum period, even if he/she is issued his/her own card. In addition, as of October 1, 1991, even if there will not be other family members on Medi-Cal besides the newborn after the 60-day postpartum period, no application is required for the infant through his/her first year of life. Instead the infant will remain Medi-Cal eligible for a period of one year at zero, or the original SOC, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. Counties need only copy the original MC 210 and add the infant's name to establish a case in this situation. There is no change in current policy as it pertains to other family members on Medi-Cal, such as other children. The newborn is added to the case without the necessity of a new application or MC-210.

Question Fourteen: If the woman who is eligible for the 60-Day Postpartum Program and who has given birth remains eligible for full-scope benefits with a SOC, must a new application be made to aid her newborn?

Answer: No. As stated in the previous answer, as of October 1, 1991, infants born to women eligible for and receiving Medi-Cal are deemed eligible without the need for an MC 210 or Social Security Number until age one as long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. No new application need be made to aid these newborns.

Question Fifteen: Must an MI woman be reevaluated for Medi-Cal before the end of the 60-day postpartum period?

Answer: Yes. An MI woman must be reevaluated for Medi-Cal before the end of the 60-day postpartum period, even if her prior eligibility had been based solely on pregnancy. This reevaluation enables the county to follow-up quickly on any change in the MI woman's eligibility status. In order for the county to obtain information needed to reevaluate the mother's eligibility, the MI woman should be sent an MC-176, Medi-Cal Status Report.

Question Sixteen: If, during the 60-day postpartum period, an MI woman, who was discontinued from regular Medi-Cal at the end of the month in which her pregnancy ends, once again becomes eligible for regular Medi-Cal, should a new CA-1, Application for Public Assistance, be completed?

Answer: No. If, during the 60-day postpartum period, an MI woman is again eligible for regular Medi-Cal, the county should initiate either an interprogram status change or an intraprogram status change, as appropriate. In either case, a new application form is not required.

Question Seventeen: Can a woman who was enrolled in a prepaid health plan or primary care case management plan in the month her pregnancy ended use her aid code 76 Medi-Cal card at the same plan for 60-Day Postpartum Program services?

Answer: At the current time, none of the prepaid health plans or primary care case management plans will accept the aid code 76 card.

Question Eighteen: How will the 60-Day Postpartum Program be administered in Santa Barbara and San Mateo counties?

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Answer: In Santa Barbara County, the beneficiary will receive postpartum care through the Santa Barbara Health Initiative, and in San Mateo County, the beneficiary will receive postpartum care through the Health Plan of San Mateo. The beneficiary will receive a Medi-Cal card indicating aid code 76 and the Health Initiative or Health Plan's name.

Question Nineteen: When is the aid code 76 eligibility established for the woman who has a SOC in the month pregnancy ends?

Answer: The aid code 76 eligibility is established as soon as the county determines that the woman applied for, was eligible for, and received Medi-Cal benefits in the month pregnancy ends. The woman who has a SOC for the month in which her pregnancy ends must first meet that SOC before she is considered eligible for the postpartum program. Therefore, initial aid code 76 eligibility should not be reported until the SOC for the month in which the pregnancy ends is certified by the county or the State and a certification date appears on MEDS.

Question Twenty: Should the aid code 76 card reflect the code for Other Health Coverage?

Answer: Yes. As does the regular Medi-Cal card, the aid code 76 card should reflect the code for Other Health Coverage.

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5H-CONTINUED MEDI-CAL ELIGIBILITY-FOR ALL PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OF AGE

A. OVERVIEW

Effective January 1, 1991, Section 4603 of the federal Omnibus Budget Reconciliation Act (OBRA) of 1990 requires states to adopt Section 1902 (e)(6) of Title XIX of the Social Security Act, which provides Continued Eligibility (CE) for pregnant women and infants up to age one. Under this program, pregnant women who have applied and been determined eligible for Medi-Cal will remain eligible for pregnancy-related services at the same/lower share of cost (SOC), or zero SOC, throughout their pregnancy and until the end of the 60-day postpartum period regardless of any increases in their family income.

Federal law requires that, in order to qualify for CE, a pregnant woman must be "eligible for and receiving" Medicaid benefits at the time of the income increase. In California, this means that the pregnant beneficiary must have met her SOC (been certified) at least ONCE during her pregnancy, prior to, or in the same month as, the income increase, in order for her (and later, the infant) to qualify for CE. If she fails to meet her original SOC prior to, or in the same month as, the month of the income increase, she is not considered to have been certified as Medi-Cal eligible at the time of the increase, and she does not qualify for CE.

In addition, infants born to Medi-Cal eligible women are automatically "deemed eligible" for one year, provided they continue to live with their mother and the mother remains eligible for Medi-Cal, or would remain eligible if she were still pregnant. This means that, if the woman continues to meet other non-income eligibility criteria such as property (except in cases where original eligibility was based on the Asset Waiver Provision of the 200 Percent Program), residency, etc., counties should "pretend" that the pregnancy continues for purposes of establishing the infant's deemed eligibility. As long as these conditions are met, eligibility for the infant shall be established automatically, and a separate application form for the infant is not required until he/she attains age one even if the mother is no longer receiving Medi-Cal at the end of the 60-day postpartum period and there are no other children in the household receiving Medi-Cal.

B. AFFECTED GROUPS

All Medi-Cal eligible pregnant women and infants up to one year of age will be affected by this new program, including those individuals who are:

- 1) eligible under the 185 or 200 percent program with no SOC who, due to an increase in income, would otherwise be ineligible for those programs.
- 2) eligible as Medically Needy (MN) or Medically Indigent (MI) who, due to an increase in income, would have a SOC or a higher SOC.
- 3) on Public Assistance (PA) or Other-PA who, due to an increase in income, lose PA eligibility and zero-SOC cash-based Medi-Cal.

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C. DEEMED ELIGIBILITY OF INFANTS UP TO ONE YEAR OF AGE:

An infant born to a pregnant woman eligible for and receiving Medi-Cal in the month of delivery is automatically deemed eligible for Medi-Cal. A separate Medi-Cal application is not required for the infant even if the mother loses eligibility or is no longer eligible after the 60-day postpartum period. Instead, the infant will remain Medi-Cal eligible for a period of one year at zero, or the original, SOC, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant.

County Contact

The EW must instruct the pregnant woman to contact the county once the infant is born in order for the county to verify the infant's name, birthdate, that the infant is residing with the mother, and to issue the infant his/her own card. Keep in mind that, the mother's card (whether for restricted or full-scope services) can be used to bill for medical services furnished to the newborn only during the month of delivery and the month following. Therefore, to ensure the infant's deemed eligibility under CE, if the mother does not report the infant's birth before the end of the expected birth month, the EW must contact the mother by the end of the following month. This will establish the infant's ongoing eligibility under his/her own card by the end of the second month. To facilitate this contact, a tickler system utilizing the pregnant woman's expected due date should be developed by the counties, if not already in place. The EW must document at least two attempted contacts with the woman before discontinuing the case.

D. ESTABLISHING MFBUs UNDER CONTINUED ELIGIBILITY

To put Continued Eligibility into perspective, the EW should consider it as an assurance to provide Medi-Cal, without raising the SOC, to a pregnant woman or infant under one year old. In other words, the county will process a case which includes a pregnant woman or infant under one year old in the following sequence: (1) regular Medi-Cal procedures, (2) Sneede, if applicable, (3) the 185/200 percent programs, (4) Continued Eligibility, and (5) Hunt, if applicable. The Continued Eligibility decision chart (Section N) will help the EW determine eligibility when there is an increase in family income. It should be noted that Continued Eligibility affects only increases in family income for the pregnant woman's pregnancy-related services and for the infant under one year old. Increases in family income will continue to affect other family members and the pregnant woman's non-pregnancy related services. Decreases in family income will continue to be evaluated for everyone in the MFBu.

1. Under Continued Eligibility, a pregnant woman who is:

(a) eligible under a Medi-Cal-Only program (e.g., the MN/MI program) at zero SOC and increased family income does not exceed MNIL, will be unaffected by Continued Eligibility.

(b) eligible under the 185/200 percent programs will remain under the same percent program throughout her pregnancy until the end of the 60-day postpartum period despite any increases in family income. (NOTE: With the exception of pregnant women receiving Medi-Cal benefits under the 200 Percent Asset Waiver Provision, if income drops from the 200% to the 185% program, the county will aid her under the 185% program. As directed in the 200 Percent Asset Waiver Provision procedures, if a woman who is being aided under this program has a decrease in income from the 200% to the 185% program, the county will continue to aid her under the 200% program.)

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(c) eligible under a Medi-Cal-Only program with a SOC (income over 200% of federal poverty level) and an increase in family income increases the SOC, the county may need to establish two MFBUs (see subsection 3 below).

(d) discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the various Medi-Cal-Only programs to see whether she can receive full or pregnancy-related benefits without a SOC. If a SOC exists and she is otherwise eligible, then she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

(e) eligible for Other PA Medi-Cal and an increase in family income causes ineligibility to this Medi-Cal program, will be evaluated first under the various Medi-Cal-Only programs to see whether she can receive full or pregnancy-related benefits without a SOC. If a SOC exists and she is otherwise eligible, then she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

Example #1: A pregnant woman is eligible for the additional Transitional Medi-Cal program (months 7-12 of TMC). As a result of increased earned family income in excess of 185% of the federal poverty level, she becomes ineligible for additional TMC. She will first be evaluated under the various Medi-Cal-Only programs, and if a SOC results, the EW will aid her in the 185 percent program at zero SOC for her pregnancy-related services.

Example #2: A pregnant woman is discontinued from AFDC. She is eligible for zero SOC benefits under Edwards (aid code 38). At the conclusion of Edwards eligibility, she will be evaluated under the various Medi-Cal-Only programs. If a SOC results, she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

2. Under Continued Eligibility, an infant up to one year old who is:

(a) eligible under a Medi-Cal-Only program at zero SOC and increased family income does not exceed MNIL, will be unaffected by Continued Eligibility.

(b) eligible under the 185/200 percent program will continue to remain in the same percent program aid code despite any increases in family income until the end of the month of attainment of age one, or until the infant no longer lives with the mother, or until the mother is no longer otherwise eligible (even if she were pregnant). If the infant is no longer eligible under Continued Eligibility, the county will reevaluate the infant's eligibility under the 185/200 percent programs (if under age one) or under the various other Medi-Cal-Only programs (if over age one) and consider changes in family income (increases or decreases).

(c) eligible under a Medi-Cal-Only program with a SOC (income over 200% of federal poverty level) and an increase in family income increases the SOC, the county may need to establish two MFBUs (see subsection 3 below).

(d) discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the various Medi-Cal-Only programs to see if the infant can receive Medi-Cal without a SOC. If a SOC exists and the infant is otherwise eligible, aid him/her under the 185 percent program at zero SOC.

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(e) eligible for Other PA Medi-Cal and an increase in family income causes ineligibility to this Medi-Cal program, will be evaluated first under the various Medi-Cal-Only programs to see if the infant can receive Medi-Cal without a SOC. If a SOC exists and the infant is otherwise eligible, then he/she will be aided under the 185 percent program at zero SOC. (Apply the same examples in subsection 1 above for the infant, except that the infant will receive the same level of services under the 185 percent program as he/she would receive under the Medi-Cal-Only program.)

3. When to Establish Two MFBUs

When family income in the prior month is over 200% of the federal poverty level and income increases in the next month, the county may need to establish two MFBUs except when there is an MFBU or mini budget unit (MBU) in which the only eligibles are the pregnant woman and/or infant under one year.

If there are other eligibles in the MFBU or (MBU) who are not entitled to Continued Eligibility, the county will establish the two MFBUs as follows:

- The first MFBU will include: (1) the pregnant woman as an ineligible person, (2) her unborn, (3) the infant(s) under one year old as an ineligible person(s), and (4) the other MFBU members as eligibles (if applicable). The entire MFBU's full income will be considered in determining the MFBU's SOC; the entire MFBU's full medical expenses may be used to meet this MFBU's SOC. Any changes in family income will be used to determine changes in this MFBU's SOC.
- The second MFBU will include: (1) the pregnant woman as an eligible person, (2) her unborn, (3) the infant(s) under one year old as an eligible person(s), and (4) the other MFBU members as ineligible persons. Again, the entire MFBU's full income will be considered in determining the MFBU's SOC; the entire MFBU's full medical expenses may be used to meet this MFBU's SOC. If there is an increase in family income, the county will ignore it. If there is a decrease in family income, the county will reduce the SOC accordingly.

E. CHANGES IN INCOME

The intent of Continued Eligibility is to protect eligible pregnant women and infants from any changes in income which could result in a loss of Medicaid eligibility during pregnancy or the first year of life. It should be noted that, not only can actual increases in income create, or increase, the SOC, but other family changes could also result in more income available to the household, thereby impacting the SOC. Therefore, Continued Eligibility also applies not only to increases in income, but also to other family changes, such as a change in MFBU composition or maintenance need level, which would cause a SOC to be imposed, or an increase in an existing SOC.

F. PROPERTY CHANGES

Since assets are not waived for all pregnant women under 200 percent of the federal poverty level, increases in property may affect the pregnant woman's eligibility unless the increase occurs during the 60-day postpartum period for women under aid code 76 or the 185/200 percent aid code. If the pregnant woman is ineligible due to excess property, her infant is also ineligible due to excess property.

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G. EXAMPLES

Example #1: The MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and an infant under one year old. They receive Medi-Cal under aid code 37. The MFBU had a \$700 share of cost in 11/91 (the pregnant woman and the infant did not qualify for the 185/200 percent program due to excess income). In 12/91, the pregnant woman receives state disability insurance (SDI) and timely reports the income increase to the county. Since CE applies, this increase in income will not affect the woman's SOC for her pregnancy-related services.

In December 1991, the county will establish two MFBUs using the same aid codes in both MFBUs as follows:

MFBU #1 (Continued Eligibility)
Pregnant woman
unborn
infant under one
husband as an ineligible person
\$700 share of cost

MFBU #2 (regular AFDC-MN)
Pregnant woman as an ineligible
unborn
infant under one as an ineligible
husband
Increased SOC to \$1000

Since all the MFBU members were listed in both MFBUs, their medical expenses may be used to meet both shares of cost. The county will ignore the increase in income for MFBU #1 and compute the SOC based on the prior month's lower income. In MFBU #2, the county will recompute the SOC using the increased family income.

Example #2: In 10/91, an unemployed, unmarried pregnant woman, her boyfriend, their mutual 7-year old child, and their mutual 7-month old infant receive full-scope Medi-Cal benefits at zero SOC (aid code 34). She receives \$600 UIB each month.

She reports to the county in 10/91 that she expects to receive a \$3000 inheritance in 11/91. This is in addition to her \$600 UIB. (No one else has income; assume the MFBU is property-eligible.) The county will determine the 11/91 SOC under the Medi-Cal-Only program first:

\$3000 inheritance
+ 600 UIB
\$3600 total nonexempt income
-1259 MNIL for 5 (pregnant woman, boyfriend, unborn, 2 mutual children)
\$2341 SOC

Since there is a SOC and the MFBU includes an unmarried couple with mutual children, Sneede procedures apply.

Sneede Procedures

\$ 3600
divided by 3
- \$1200

Pregnant woman's total net nonexempt income
(herself, the mutual infant, the mutual 7-year old)
Sneede allocation to herself and her two children

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Mini Budget Unit #1

Mother \$1200 income
& Unborn 0 income
 -750 MNIL
 \$ 450 SOC

Mini Budget Unit #2

Unmarried Father 0 nonexempt income
 -600 MNIL
 0 SOC

Mini Budget Unit #3

Infant \$1200 allocation from mom
7-yr old +1200 allocation from mom
 \$2400 total net nonexempt income
 - 550 MNIL (2 kids, 2 parents)
 \$1850 SOC

Since the 7-yr. old's MFBU has a SOC, the county will evaluate eligibility under the 100 percent program:

Net Nonexempt Family Income: \$3600
Compare to 100% FPL for family of 5: -1305
 \$2295 excess income

Since both the infant's and the pregnant woman's mini budget units have a SOC, the county will evaluate them under the 185/200% programs:

Net Nonexempt Family Income: \$3600
*Compare to 185% FPL for family of 5: -2414
 \$1186 excess income

Net Nonexempt Family Income: \$3600
*Compare to 200% FPL for family of 5: -2610
 \$ 990 excess income

Since neither the infant nor the pregnant woman are eligible for the percent programs and they both had zero SOC in the prior month, they will continue to receive zero SOC under Continued Eligibility despite the increase in family income (for the pregnant woman, this applies only to her pregnancy-related services).

Since there are no other eligibles in the pregnant woman's mini budget unit, the county will aid her under the 185 percent program at zero SOC for her pregnancy-related services. The increased income will still be considered in determining her SOC for non-pregnancy related services.

However, since the infant's mini budget unit includes an eligible person who is not covered under Continued Eligibility, the EW will show the infant as an ineligible person in the MFBU and in MFBU #3, and establish a second MFBU as follows:

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MFBU #2

Unmarried Pregnant woman
Unmarried Father
Mutual 7-yr. old child
Infant - the only eligible person in this MFBU

In this MFBU, the county will show the same income as in 10/91 (i.e., the pregnant woman's \$600 UIB) and the infant will receive his/her Medi-Cal at zero SOC. The infant's medical expenses may be used to meet the SOC in MBU #3 (in the first MFBU) if the provider does not bill the expense to Medi-Cal under the zero SOC card in MFBU #2.

Example #3: In 11/91 a non-Sneede MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and their 7-month old infant. The pregnant woman and infant receive benefits under the 185% program. Their MFBUs are as follows:

MFBU #1 (regular AFDC-MN)

pregnant woman (full scope)
unborn
husband
<infant under 1 as an ineligible>

MFBU #2 (185%)

pregnant woman (restricted)
unborn
infant under 1 (as an eligible)

In 12/91 the husband's income goes up to 250% of the federal poverty level.

Under Continued Eligibility, the county will not consider the amount of the increase in MFBU #2; the increased income will be considered in MFBU #1. The MFBU compositions and aid codes will remain the same. There is no change in the use of medical expenses to meet the SOC in MFBU #1 (i.e., the pregnant woman or infant under one may use their medical expenses to help meet the SOC in MFBU #1, or have the provider bill the expenses to Medi-Cal).

H. TREATMENT OF INCOME AND PROPERTY

1. Unmarried Father

Changes in income or property of the unmarried father will not affect the pregnant woman regardless of whether the unmarried father wants Medi-Cal benefits for himself or his mutual or separate born children. After the infant is born, the infant's eligibility is tied to the mother's eligibility. The unmarried father's income will not affect the infant until the infant attains age one so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. If the newborn's father and/or the other mutual children also want aid and there is a SOC or excess property, Sneede procedures will apply. Even though there will be parental allocation from the father to the infant during the period of Continued Eligibility it will be disregarded; only the mother's income, before any increases, will be used in determining the infant's SOC level.

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2. Husband

Increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period; nor will increases in the husband's income affect the newborn's SOC through the month of attainment of age one, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. However, increases in the husband's property will affect the pregnant woman and the infant under one (except during the 60-day postpartum period under aid code 76 or the 185/200 Percent Program, in which excess property does not affect eligibility).

3. Pregnant Woman or Mother of Infant Under One Year of Age

Regardless of whether the pregnant woman is married, increases in her income will not affect her own SOC for pregnancy-related services through the 60-day postpartum period; nor will it affect her infant's SOC through the month of attainment of age one, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. Increases in the woman's property, however, will affect both her own and her infant's Medi-Cal eligibility unless she is a 200 Percent Program eligible, in which case she would be protected under the Asset Waiver Provision; or unless the increase in property occurs during the mother's 60-day postpartum period under aid code 76 or the 185 Percent Program, in which case it would not affect either of them until the end of the 60-day postpartum period.

The following examples discuss how Continued Eligibility procedures affect the treatment of income and property for pregnant women and infants up to one year of age:

Example One: An infant (Johnny) is born to unmarried parents (Joe and Jenny). Joe receives lottery winnings in the month of Johnny's birth (10/91). Joe's winnings are considered income in the month received and property if the winnings are retained into the following month. Joe's winnings (whether treated as income or property) will not affect Jenny's eligibility. Therefore, baby Johnny remains eligible and Joe's winnings will not affect Johnny's eligibility or SOC until he attains age one as long as he continues to live with Jenny, and Jenny remains eligible for Medi-Cal, or would remain eligible if she were still pregnant.

Example Two: A single mother (Julie) receives lottery winnings in the month of the infant's (Paul) birth. In accordance with the procedures established for CE, Julie's winnings are disregarded as increased income for her pregnancy-related services only and would not affect either her or Paul's SOC or income eligibility to the 185/200 percent programs. If this income converts to property in the two months during her 60-day postpartum period under aid code 76 or the 200 percent programs, Julie and Paul remain eligible. However, at the end of the 60-day postpartum period both Julie and Paul may become ineligible if their property exceeds the allowable limits. Note: Paul would remain eligible under the Asset Waiver Provision if he were a 200 Percent Program eligible.

Example Three: An infant (Michelle) is born to married parents (Ken and Tracy). Ken receives lottery winnings in the month of Michelle's birth (12/91). In accordance with the Continued Eligibility procedures, Ken's winnings would not affect either Michelle's or Tracy's SOC or income eligibility to the 185/200 percent programs. Even though the winnings, if retained, convert to property in the month following the birth month, the winnings do not affect Tracy's eligibility during the 60-day postpartum period if she is eligible for postpartum services under aid code 76 or under the 185/200 percent program. Therefore, Michelle also

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remains eligible during this period since Tracy is still eligible. Once the 60-day postpartum period has ended, the winnings, if retained, could cause Tracy to be properly ineligible unless she is protected under the 200 Percent Asset Waiver provision. If this occurs, Michelle also is ineligible unless she is eligible under the 200 Percent Program.

NOTE: If a pregnant woman is not eligible for postpartum services under aid code 76 or the 185/200 percent programs, her property is countable.

Example Four: A Medi-Cal eligible pregnant woman has income at 150 percent of the federal poverty level (FPL), therefore, she is eligible for the 185 percent program with no SOC for pregnancy-related services and has a SOC for full-scope services. During her pregnancy, she receives an increase in income to 250 percent of the FPL. Prior to the Continued Eligibility program, she would have been discontinued from the 185 percent program and required to pay a SOC for her pregnancy-related services. However, under the new Continued Eligibility program, her income increase is disregarded and she continues on the 185 percent program with a zero SOC for her pregnancy-related services until the end of her 60-day postpartum period and her SOC for full-scope services is increased accordingly. At the end of the 60-day postpartum period, her eligibility for full-scope services would be redetermined, and if eligible, she would continue with the SOC. It should be noted that her newborn would continue to be eligible for Medi-Cal for up to one year without a SOC, because under the federal law if the mother were still pregnant, the income increase would have been disregarded. Therefore, the infant is allowed the same income disregard as long as the infant continues to live with the mother, and she remains eligible, or would remain eligible if she were still pregnant.

Example Five: Under Continued Eligibility, if a pregnant woman whose family income is over 200 percent of the FPL (SOC of \$700 per month) has an increase in her income to 300 percent of the FPL, the increase would be disregarded; however, she would still be required to meet her original \$700 SOC. The county will establish a separate budget unit consisting of the pregnant woman and her unborn with the original \$700 SOC and the same aid codes. The \$700 SOC will apply for both the woman's pregnancy-related and full-scope services. The county will adjust the SOC for the original MFBU as the income increases. Then, after the 60-day postpartum period, if the woman is still eligible for full-scope services, she will return to her original MFBU with the increased SOC. However, the infant would continue to be eligible for Medi-Cal for up to one year with the original \$700 SOC and would remain in the separate budget unit, as long as he/she continues to live with the mother and she remains eligible or would remain eligible if she were still pregnant.

Example Six: A woman, whose family income is at 200 percent of the FPL is linked to Medi-Cal solely due to pregnancy and receives zero SOC for her pregnancy-related services under this program. After her 60-day postpartum period, she is discontinued, but her infant stays on the 200 percent program as an MI child with zero SOC. At six months of age, the infant's family income increases to above 200 percent of the FPL. However, the infant's SOC remains at zero because the mother would remain eligible if she were still pregnant. Therefore, the income increase is disregarded. When the infant attains one year of age, his/her eligibility would be determined under another FPL program or the AFDC-MN/MI program.

Example Seven: A woman notifies the county in March that, since January, she was pregnant and also had an infant under one year of age. They had an increase in their family income in February which resulted in an increase in their SOC. The county will adjust their SOC to the original level prior to the income increase, or to a zero SOC. The county should follow Section 50653.3 of the Medi-Cal Eligibility Manual to decrease a beneficiary's SOC.

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Example Eight: An infant born to a woman eligible for and receiving Medi-Cal receives an inheritance shortly after birth. In accordance with the procedures established for CE, the infant's increase in income would be disregarded in the month the income was received. However, if this inheritance converts to property in the month after receipt, the infant may be ineligible due to excess property unless he/she is eligible under the 200 Percent Program.

Example Nine: When a pregnant AFDC cash recipient is discontinued because she had an increase in family income (not due to increased earnings or increased hours of employment), she will get a no-SOC full-scope card (aid code 38 - Edwards) until the county determines that she is eligible for a zero SOC card for pregnancy-related services under the 185 percent program and a SOC full-scope card.

Example Ten: In the case of a pregnant AFDC recipient who is discontinued due to an increase in earnings (this may happen most often to migrant workers), she will be eligible for zero-SOC Transitional Medical (TMC) benefits for at least six and possibly twelve months from the date of discontinuance. If she is discontinued from TMC after the initial six-month TMC program because, for example, she failed to complete the four-month TMC report, the county is required to redetermine her Medi-Cal only eligibility. Since it is possible that the woman may still be pregnant or in her postpartum period, the county must ensure that she continues to receive a zero-SOC card through her pregnancy and postpartum period. In this situation, the county should employ the same CE procedures as they would in the previous Edwards example. If she goes through the entire twelve months of TMC, that will probably carry her through her postpartum period and this will ensure that she continues to receive zero SOC pregnancy-related services.

Example Eleven: In the case of a pregnant woman or an infant up to one year of age who is eligible for four-month continuing eligibility (aid code 54) due to an increase in child/spousal support, the county should apply the same procedures as they would in the Edwards or TMC examples stated previously.

I. CASE COUNTS

The CE Program activity will be reported to the Department as caseload activity in accordance with the existing instructions in the Medi-Cal Eligibility Manual for completion of the MC 237 Caseload Movement and Activity Report (Medical Assistance Only).

As currently allowed under the 185 and 200 percent programs, in addition to the usual manner in which counties report regular MN/MI caseload activity to the Department, counties may also claim additional caseload activity for pregnant women under the 185 and 200 percent programs.

For those pregnant women who are MN/MI with no SOC, who after an increase in income the county would treat as though they were eligible under the 185 percent program, counties should claim additional activity for the zero SOC unit established for the pregnant woman for her pregnancy-related services. The county will not claim additional caseload activity for the full-scope MFBU with the increased SOC since the original MFBU was already reported on the MC 237. The county should report the original full-scope budget unit as a continuing case only.

In the situation where a MN/MI pregnant woman has a SOC, and her income increases, therefore, the county sets up a separate budget unit for the pregnant woman and the unborn with the original SOC, the county may claim additional caseload activity for this separate budget unit. However, as with MN/MI woman with no SOC, the county will not report the original MFBU with the increased SOC as an intake since the

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original MFBU was already reported on the MC 237. The county should report the original full-scope budget unit as a continuing case only.

J. SOCIAL SECURITY NUMBER

(1) An infant born to a woman who is eligible for and receiving Medi-Cal in the month of delivery, regardless of which program she is eligible for, will be eligible for Medi-Cal, without an application, even if the mother has not obtained a Social Security Number (SSN) for the infant. If the mother is an existing Medi-Cal beneficiary and contacts the eligibility worker (EW) to report the birth of the newborn (who is a U.S. citizen), the EW should inform the mother that a SSN will be required for the infant by the age of one year. In the meantime, a pseudo SSN will be assigned to this newborn. If the mother provides the infant's SSN prior to one year of age, the infant's real SSN should be recorded and used.

(2) When the infant with a pseudo SSN is eleven months of age, a worker alert will be generated on the MEDS system. At this time, the county must contact the mother regarding the infant's SSN. The county will inform the mother to obtain a SSN because the infant's SSN is required by the age of one year. The county should use its standard procedure for obtaining this information and document the case to reflect the efforts made to obtain the infant's SSN. If the mother fails without good cause to produce the SSN for the infant after the age of one year, the standard discontinuance procedures must be followed. Remember, this infant (who was born to a woman eligible for and receiving Medi-Cal at the time of birth) cannot be discontinued from Medi-Cal for not presenting a SSN until the age of one year.

(3) Infants born to a woman not receiving Medi-Cal are required to meet the full requirements of eligibility including the SSN requirements. However, as with other Medi-Cal applicants, establishment of eligibility shall not be delayed pending obtaining an SSN (22 CCR 50168(a)).

K. NOTICES OF ACTION AND AID CODES

Notice of Action

Counties should use existing NOAs to instruct beneficiaries on their SOC. In the situation where a pregnant woman is the sole MFBU member and she has an increase in income, no NOA is required. In the case of a pregnant woman receiving zero SOC for her pregnancy-related services under the 185/200 percent programs, and is in a separate case with other family members for full-scope services, one NOA for the family should be sent stating that the woman's eligibility for the 185/200 percent program shall continue due to Continued Eligibility, yet her SOC for full-scope services, as well as the SOC for other family members, has increased. Also, in the case where a pregnant woman in a family has a SOC (i.e., income is over 200% of the federal poverty level), and there is an increase in income, the EW will establish two MFBUs, one with the pregnant woman and unborn as eligibles and other family members as ineligible at the original SOC, and the other with the remaining family members as eligible with the pregnant woman and unborn as ineligible, at the increased SOC. The county should send one NOA to the family stating that, due to Continued Eligibility, the pregnant woman's SOC, aid code, and scope of services will remain unchanged through the 60-day postpartum period, however, the SOC for other family members has been increased.

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Aid Codes

No new aid codes have been developed for this program. Depending upon the situation, a pregnant woman will be eligible for services under the 185 or 200 percent programs or, if she has a SOC, she will continue with the same aid code she had before the increase in income. There is no specific aid code assigned to infants who are eligible for Continued Eligibility. The infant's aid code at the time of the increase in income shall remain in effect throughout the Continued Eligibility period.

L. QUARTERLY STATUS REPORTS

Concurrent with the implementation of CE and deemed eligibility for newborns, the department reevaluated its policy regarding the Quarterly Status Report (QSR) requirement as it relates to eligible pregnant women and infants under one year of age. Subsequently, the Department changed its policy with regard to the QSR requirement for these individuals. Medi-Cal Family Budget Units (MFBUs) consisting solely of eligible pregnant women and/or infants under age one are not required to adhere to the quarterly status reporting requirement irrespective of whether CE applies. These beneficiaries, however, are still required to timely report changes (including the birth of a child) to the counties within ten days. Remember, if a county has (or develops) the system capability, it may suppress distribution of the QSR to these beneficiaries. If counties cannot suppress QSR distribution, they should not discontinue these beneficiaries if they do not return the QSR, nor should any reported increases in income be counted if CE is applicable. However, if the pregnant woman or infant up to one year of age is in an MFBU which includes other eligible family members, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement.

M. QUESTIONS AND ANSWERS

FORMS/WORKSHEETS

QUESTION 1: Are there any forms/worksheets for counties to use in administering CE?

ANSWER: Yes. There is a Decision Chart that the Department issued for counties to use as a guide when establishing cases under CE. This was the only new form developed by the Department. Counties may want to modify this Decision Chart and use it as a worksheet by adding the client's name, case number, and adding check boxes to indicate the case outcome. This Decision Chart is included in these procedures in Section N.

RETROACTIVE ELIGIBILITY

QUESTION 2: Many counties have asked questions regarding the SOC for a pregnant woman who requests Medi-Cal for a retroactive period. e.g., a pregnant woman applies for Medi-Cal coverage in February and is found to have a \$800 SOC. She also requests retroactive Medi-Cal coverage for November, December and January and is found eligible for those months with a \$750 SOC. Does CE coverage apply during the retroactive months?

ANSWER: No. For all retroactive cases, the county should establish the SOC for each individual month in which coverage is requested. Once an increase in income occurs subsequent to the month of application (in this case it is February), this increase should be disregarded.

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QUESTION 3: If a woman applies for retroactive Medi-Cal coverage in the month following the birth month, is her infant deemed eligible even though CE policy states that only those infants born to women eligible for and receiving Medi-Cal in the birth month are eligible for CE?

ANSWER: No. In this case, it must be kept in mind that the pregnant woman was not eligible for and receiving Medi-Cal in the month of delivery, therefore, she is not eligible for CE. Accordingly, the infant would not be deemed eligible for CE.

QUESTION 4: A pregnant woman applied for Medi-Cal in August and asks for retroactive coverage for June and July. The county determines her SOC as zero for August and \$750 for June and July. Would her SOC be zero in June and July since it was zero in the month of application?

ANSWER: No. For all retroactive cases, the county should establish the SOC for each individual month in which coverage is requested. In addition, in this situation there was not an increase, but a decrease in income so CE does not apply.

QUESTION 5: Using the same example as in question #4, the woman has a \$750 SOC in August, and zero SOC for June and July. Would her SOC continue at zero?

ANSWER: No. The county will apply CE and disregard any income increases in the application month and subsequent months. Therefore, the woman would have a zero SOC in June and July and \$750 in August and subsequent months (or lower if her incomes subsequently decreases).

AID CODES

QUESTION 6: Will there be new aid codes developed for the CE Program?

ANSWER: There are no new aid codes for this program. Depending upon the situation, a pregnant woman will be eligible for services under the 185 or 200 Percent Programs, or, if she has a SOC, she will continue with the same aid code she had before the increase in income.

NOTICES OF ACTION (NOAs)

QUESTION 7: Will a separate NOA be needed to explain the program's policies to beneficiaries?

ANSWER: Counties should use existing NOAs to instruct beneficiaries on their SOC. In the situation where a pregnant woman is the sole eligible MFBU member and she has an increase in income, no NOA is required. In the case of a pregnant woman receiving zero SOC for her pregnancy-related services under the 185/200 percent program, and is in a separate case with other family members for full-scope services, one NOA for the family should be sent stating that the woman's eligibility for the 185/200 percent program shall continue due to Continued Eligibility, yet her SOC for full-scope services, as well as the SOC for other family members, has increased. Also, in the case where a pregnant woman in a family has a SOC, and there is an increase in income, the EW will establish two MFBUs, one with the pregnant woman at the original SOC, and the other with the remaining family members at the increased SOC. The county should send one NOA to the family stating that, due to Continued Eligibility, the pregnant woman's SOC, aid code, and scope of services will remain unchanged through the 60-day postpartum period, however, the SOC for other family members has been increased.

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BREAK IN AID

QUESTION 8: How does CE apply to a family who leaves the area, requests discontinuance or moves without notifying the county?

ANSWER: CE for a pregnant woman ends at the end of her 60-day postpartum period or once she is no longer eligible for Medi-Cal (i.e., excess property, residency, or a break in aid). For whatever reason, once the pregnant woman is no longer eligible for Medi-Cal, CE no longer exists. If a pregnant woman's Medi-Cal eligibility is reestablished, CE will apply from that point on and any subsequent increases in income would be disregarded.

An infant's eligibility for CE is linked to the mother's eligibility. Only infants born to women who are eligible for and receiving Medi-Cal are automatically deemed eligible for one year, provided they continue to live with their mother and the mother remains eligible or would have remained eligible if she were still pregnant.

Since there was a break in aid and the mother would have been ineligible even if she were still pregnant, the infant's entitlement to CE is discontinued. If the mother reapplies, both she and the child may reestablish Medi-Cal eligibility.

QUESTION 9: If the family leaves the area (county or state) and returns, are the pregnant woman's or infant's CE benefits continued or does there have to be a new case established?

ANSWER: The CE Program does not affect current policy in this area. If the family moves to a different county without notifying the county to transfer their eligibility, or moves out of the state and establishes a new residence there, and then returns, their protection against income increases under CE ceases and any new eligibility would be established based on the income level at that time.

QUESTION 10: If there is a break in aid for an infant receiving the benefits of CE, the infant must reapply. Is a Social Security Number required for this infant?

ANSWER: Yes. Since there has been a break and this infant is no longer deemed eligible, a Social Security Number would be required.

SOC/INCOME DISREGARD

QUESTION 11: In the situation where a client who left one county without notifying the county welfare department and applies for Medi-Cal in an adjoining county, what SOC does the new county use?

ANSWER: Since the client did not notify the first county that she was moving, the case would be discontinued. Since there has been a break in aid, the adjoining county would be required to make an eligibility determination based on the current information supplied by the client. In the case of a pregnant woman who has had an increase in income, since she is no longer eligible for the CE Program, her SOC, (if any) will reflect this increase.

QUESTION 12: If the pregnant woman's income goes down and her SOC is reduced, but she later returns to work after the end of the 60-day postpartum period and the SOC increases, does the child's SOC stay at the lowest SOC reached? Or is it never increased.

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ANSWER: The SOC is never increased until the infant turns age one.

QUESTION 13: If a pregnant woman on Medi-Cal has a SOC which goes down, then back up, but not above the original SOC, does it go up to the original SOC or stay at the lowest SOC?

ANSWER: Under CE, any increases in income are disregarded for pregnant women and infants up to one year born to eligible pregnant women. Therefore, the SOC would always stay at the lowest level.

QUESTION 14: In the situation where a pregnant woman with a \$100 SOC uses old medical bills (as allowed under Hunt v. Kizer) to meet her SOC, and thereby reduces her SOC to zero for that month, would the woman's SOC be continued at the original \$100 or at the reduced level of zero?

ANSWER: In this situation the SOC is only temporarily reduced to zero for the one month. Therefore, the pregnant woman's SOC will continue at \$100.

QUESTION 15: Should the mother's SOC for the first reported month of pregnancy, the month of delivery, or the first month of postpartum eligibility be assigned to the deemed eligible infant?

ANSWER: The mother's SOC for her first reported month of eligibility (or the lower amount if the woman's family income subsequently decreases) will be assigned to the infant under Continued Eligibility.

QUESTION 16: A family member moves out of the household, the MFBU decreases and the maintenance need level decreases, but family income does not increase. Does the pregnant woman or infant's SOC increase?

ANSWER: No. Under CE, changes in MFBU composition as well as increases in income are disregarded. Therefore, the pregnant woman or infant's SOC would not increase.

QUESTION 17: Please confirm that in the situation where the county sets up a separate MFBU for the pregnant woman with the original SOC for full-scope services and a second MFBU with other family members with the increased SOC, that the medical expenses of all family members can be used to meet both SOC's? How should the county reflect this on the MC 177-S form?

ANSWER: As shown in Example #1, page 6 of these procedures, since all of the family members are listed in both MFBUS, we allow the medical expenses of all the family members to be used in meeting both SOC's for this family. Regarding the MC 177-S form, there will be a separate form for each MFBU. Counties should list the pregnant woman and unborn in her own MFBU with the original SOC for pregnancy-related and full-scope services (the other family members will be ineligible members of this MFBU) while the other family members will be in a second MFBU with the increased SOC for their full-scope services (the pregnant woman and unborn will be ineligible members of this MFBU).

QUESTION 18: How will beneficiaries be aware that the medical expenses of all family members can be used to meet both Shares of Cost?

ANSWER: Instructions to the patient on the back of the MC 177S form inform the beneficiary that the medical/dental expenses of all family members listed on this form can be used to meet the SOC. When the county sends the NOAs to the family they will be notified what is the appropriate SOC for the pregnant

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woman or infant and the SOC for the remaining family members. Counties should advise the CE-eligible pregnant woman or infant at this point they will be receiving two MC 177S forms and that the medical expenses of all family members can be used to meet either SOC.

QUESTIONS CONCERNING PREGNANT WOMEN

QUESTION 19: Only pregnant women who are eligible for and receiving Medi-Cal and infants born to women who are eligible for and receiving Medi-Cal in the birth month are eligible for the benefits of CE. Must the mother have met her SOC in order for her or the infant to be eligible for CE?

ANSWER: Yes. In accordance with current federal guidelines, a woman with a SOC is not eligible nor receiving Medi-Cal until she has paid or obligated her SOC. Therefore, the woman would have had to have met her SOC and actually be receiving a Medi-Cal card in order for her or her infant to get the benefit of CE.

QUESTION 20: Please clarify the level of benefits the pregnant woman receives under CE.

ANSWER: Under the federal CE Program, pregnant women who qualify for CE will remain eligible for pregnancy-related services only at the same SOC, or zero SOC, throughout their pregnancy and until the end of the 60-day postpartum period. Under CE, when a pregnant woman is eligible for a zero SOC for full-scope services (either under MN/MI, PA/Other PA) and has an increase in income, the increase is disregarded and in order to maintain the zero SOC for the pregnant woman in this situation, counties will establish the woman under the 185 percent program. Her SOC for her full-scope services would be increased.

In addition, a pregnant woman who currently has a zero SOC for pregnancy-related services under the 185/200 percent program and has an increase in income, the increase is disregarded and the woman remains in (or in the case of a woman eligible under the 200 percent program, the county will establish her under) the 185 Percent Program.

However, since the MEDS system currently is unable to accommodate a SOC restricted aid code for pregnancy-related services, a different methodology will apply for pregnant women who already have a SOC (MN/MI with income over 200 percent) and then experience an increase in family income. In this case, CE will apply to the pregnant woman's full-scope as well as her pregnancy-related services. If in the future a new aid code is developed, these women will be entitled to CE for their pregnancy-related services only, and will have to pay the increased SOC along with the rest of the family for full-scope services.

QUESTION 21: In the draft instructions, we were unable to determine why the husband's income would not affect the pregnant woman. Should the husband's income be disregarded the moment pregnancy is reported, or is the husband's income disregarded only during the months which fall into the postpartum period?

ANSWER: This issue is further clarified in Section H of these procedures which addresses the treatment of income and property. Since CE disregards increases in income for pregnant women and infants up to one year of age, increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period; nor will increases in the husband's income affect the newborn's SOC for one year so long as the infant continues to live with the mother and the mother remains eligible, or would have

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remained eligible if she were still pregnant.

QUESTION 22: A pregnant woman eligible under the MN program with a zero SOC has an increase in income which would have resulted in a SOC. Is this woman evaluated under the 185 percent or 200 percent program?

ANSWER: In order to maintain the zero SOC for the pregnant woman in this situation, counties will always establish the woman under the 185 percent program. As shown in the decision chart included as Section N of these procedures, any time the pregnant woman's income increases over the Maintenance Need Income Level, her eligibility for pregnancy-related services should be established under the 185 percent program.

QUESTION 23: If a pregnant woman is in the 185 percent program and her income decreases to below the Maintenance Need Income Level, so that she would have a zero SOC, will the county leave her in the 185 percent program?

ANSWER: Yes. As shown in the Decision Chart (Section N), there will be no action required of the county for the woman's pregnancy-related services. The county will leave her in the 185 Percent Program for her pregnancy-related services and adjust her SOC, if any, accordingly for her regular Medi-Cal benefits.

INFANT QUESTIONS

QUESTION 24: Is a MC 13 required for the infant deemed eligible?

ANSWER: No application or MC 13 is required in establishing the infant's deemed eligibility.

QUESTION 25: What system should counties use to alert the EW to contact the woman to verify that the infant is born?

ANSWER: The EW must instruct the pregnant woman to contact the county once the infant is born in order for the county to verify the infant's name, birthdate, that the infant is residing with the mother, and to issue the infant his/her own card. Therefore, to ensure the infant's continued eligibility, if the mother does not report the infant's birth before the end of the expected birth month, the EW must contact the mother by the end of the following month. If a ticker system is not already in place, counties should develop a ticker system, utilizing the pregnant woman's expected due date, that best suits their county system.

QUESTION 26: Does either a pregnant woman's restricted, limited or full-scope card cover services for the infant until the infant is issued his/her own card?

ANSWER: Yes. As stated in the Medi-Cal Eligibility Manual, Section 50733 (c), the mother's card, whether for restricted or full-scope services, can be used to bill for medical services furnished to the newborn during the month of delivery and the month following. However, an infant's services for the first two months of life are not covered under the mother's limited services card issued to a Minor Consent beneficiary. Irrespective of the doctor's ability to bill for these services, the county is still required to issue the infant his/her card as soon as possible.

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QUESTION 27: Is it true that all infants would be entitled to no-SOC Medi-Cal under CE because of the 60-Day Postpartum Period?

ANSWER: No. If a pregnant woman is receiving Medi-Cal benefits with a SOC during her pregnancy, the infant will have the same SOC as the mother had in the month of delivery. This pregnant woman's SOC would never increase until after the 60-day postpartum period, so the infant's SOC also would never increase. In the situation where a woman has a zero SOC during her pregnancy as MN/MI or under either the 185/200 percent program, and, therefore, would be entitled to zero SOC under the 185/200 percent programs for the postpartum period, the infant will have a zero SOC. In any case, the infant's SOC is based on the mother's SOC, if any, during the month of delivery.

QUESTION 28: An infant under one year of age is residing with his/her mother and receiving the benefits of CE. The mother has an accident and is hospitalized and absent from the home for one month. The infant remains in the home and another family member moves in to care for the infant. Is the infant still deemed eligible and allowed the benefit of CE?

ANSWER: Yes. Although the infant is briefly separated from the mother during this period, the mother is considered temporarily absent from the home and plans to return and reside with the infant.

QUARTERLY STATUS REPORTS (QSRs)

QUESTION 29: Does the county discontinue a pregnant woman who is in an MFBU with other family members if the family does not submit a QSR?

ANSWER: Yes. Only MFBUs consisting solely of eligible pregnant women and/or infants under one year of age are not required to adhere to the QSR requirements. However, if the pregnant woman or infant up to one year of age is in an MFBU which includes other family members who are eligible for Medi-Cal, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement.

QUESTION 30: Do you discontinue just the pregnancy-related or full-scope benefits?

ANSWER: In the situation described in question #29, counties should discontinue both the pregnancy-related and full-scope services for the pregnant woman and the full-scope services for the family members.

QUESTION 31: For those counties who automatically generate QSRs and are not able to suppress distribution of the form to households consisting solely of eligible pregnant women and infants up to one year of age, how should counties handle this situation?

ANSWER: If counties cannot suppress the distribution of the QSRs to these populations, counties should not discontinue these beneficiaries if they do not return the QSR, nor should any increases in income be counted if CE is applicable.

QUESTION 32: After the infant is born, if the family does not submit a QSR, are all family members except the infant discontinued?

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RESPONSE: No. Only in households where a pregnant woman and/or infant are the only Medi-Cal eligibles is the requirement to submit a QSR waived. If the pregnant woman or infant up to one year of age is in an MFBU which includes other eligible family members, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement. Therefore, all persons including the infant would be discontinued in this situation.

QUESTION 33: QSRs need not be generated for MFBUs with only an eligible pregnant woman and/or infant under one year of age. However, income decreases can be applied to the SOC and the MFBU is ineligible if there is excess property. If an income decrease or excess property is not reported, will counties be charged with an error?

ANSWER: No. Although MFBUs consisting solely of an eligible pregnant woman and/or an infant under age one are not required to submit QSRs, they are nevertheless still required to report changes to the county within ten days. Therefore, if any beneficiary fails to report changes such as a decrease in income or excess property, this is not a county-caused error, but rather a beneficiary-caused error.

CASE COUNTS

QUESTION 34: Does a county receive an additional case count for eligibles under the CE Program?

ANSWER: To ensure adequate funding for the additional workload of the EW who is required to establish additional MFBUs as a result of CE, counties will receive additional case counts. As currently allowed under the 185 and 200 Percent Program, in addition to the usual manner in which counties report regular MN/MI caseload activity to the Department, counties may also claim additional caseload activity for pregnant women established under the 185 and 200 Percent Program. For those pregnant women who are MN/MI with no SOC, and who after an increase in income the county would treat as though they were eligible under the 185 Percent Program, counties should claim additional caseload activity for the zero SOC unit established for the pregnant woman for her pregnancy-related services. In the situation where a MN/MI pregnant woman with a SOC has an income increase, the county therefore sets up a separate budget unit for the pregnant woman and her unborn for full-scope services with the original SOC and the same aid codes. The county may claim additional caseload activity for this separate budget unit. In these situations, counties should not claim the original MFBU with the increased SOC as an intake since the original MFBU was already reported on the MC 237. The county should report the original full-scope MFBU as a continuing case only.

SNEEDE ISSUES

QUESTION 35: If Sneed applies and the unmarried father's income is to be allocated among those for whom he is responsible, is the infant counted even though the infant will receive an income allocation under CE?

ANSWER: Yes. Even though the father's income is not counted in determining the infant's SOC level, the unmarried father's income receives a deduction for the infant.

QUESTION 36: In example 2, page 6 of these procedures, would it not be more appropriate to establish another MBU rather than an MFBU?

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

ANSWER: No. In terms of setting the case up on the system, MEDS does not care whether an MBU or MFBU is established. As far as the computers are concerned, MBUs are not different than MFBUs. Establishing an MFBU allows the medical expenses and income to be double-counted. If set up in an MBU, the income would be prorated again. This is inappropriate since only the responsible relatives' and infants' expenses are used and you are counting everyone's income again.

MINOR CONSENT PROGRAM

QUESTION 37: Does CE apply to Women eligible for the Minor Consent Program?

ANSWER: Yes. If a minor is receiving services for pregnancy under the Minor Consent Program, CE may apply whether she has a SOC or zero SOC. Remember, CE applies to any Medi-Cal eligible pregnant woman who has an increase in income.

QUESTION 38: Does CE apply to Infants born to Minor Consent Eligibles.

ANSWER: No. We have changed our policy on this issue. Infants born to Minor Consent moms are not eligible for the benefits of CE. The mother is required to obtain an application and an SSN for this infant. In addition, these infants are not exempt from income increases under CE.

60-DAY POSTPARTUM PROGRAM

QUESTION 39: Please clarify how the zero SOC for postpartum services is affected by CE.

ANSWER: Pregnant women who are entitled to Medi-Cal with a SOC for their full-scope services are entitled to zero SOC postpartum services under aid code 76. Women who are receiving zero SOC for pregnancy-related services under the 185/200 Percent Program receive zero SOC during the postpartum period under this program. CE does not affect current policy in this area. The deemed eligible infant's SOC will be based on the mother's SOC during the month of delivery or lower if the family income decreases during the one- year period.

AFDC/EDWARDS/TRANSITIONAL MEDI-CAL (TMC) CASES

QUESTION 40: Does a person eligible for EDWARDS or TMC have to apply before the county would continue the case under the 185 percent program?

ANSWER: A pregnant woman who is discontinued from AFDC due to an increase in earned income or hours of employment is automatically eligible for TMC for at least six months and possibly twelve. No application is needed. Similarly, a pregnant woman, who is eligible for Edwards continuing zero SOC Medi-Cal after discontinuance from AFDC cash or TMC automatically receives an aid code 38 zero SOC card and continues to be eligible for such benefits until the county determines her eligibility for ongoing Medi-Cal only benefits. In some cases, the county may complete the Medi-Cal only determination based on information in file and a new application is not needed. In most cases, however, the Edwards recipient must complete and return an MC 210E in order for her (or her family's) ongoing Medi-Cal only eligibility to be determined. In either case, the county must apply the principles of CE to any pregnant woman or infant who experiences an income increase (or other change which would increase her SOC) after her Medi-Cal Only is established.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

That is, she must continue to receive a zero SOC card under the appropriate aid category until the end of her postpartum period.

QUESTION 41: If a woman is discontinued from AFDC three months after delivery, would a separate Medi-Cal application be needed for CE?

ANSWER: CE means that for pregnant women who are eligible for and receiving Medi-Cal, any income increases will be disregarded through the postpartum period. Therefore, CE does not apply in this situation and a separate application is not needed. Remember, however, that anyone discontinued from AFDC due to an increase in income will automatically receive zero SOC continued Medi-Cal under TMC or Edwards, whichever is applicable, and, therefore, a new application is not needed.

QUESTION 42: With AFDC eligibles, does CE only apply if the mother is discontinued from AFDC in the month of delivery?

ANSWER: CE applies to any Medi-Cal eligible pregnant woman regardless of the basis of her Medi-Cal eligibility, throughout her postpartum period who experiences an increase in income.

QUESTION 43: A pregnant woman is discontinued from AFDC. During the month she is discontinued, the county may not have determined whether she is eligible for Edwards or TMC. How does CE apply? How should this woman be treated?

ANSWER: The county doesn't need to address the question of CE until the pregnant woman is put on either Edwards or TMC, both of which are zero SOC.

If she is determined eligible as MN only, she will stay at zero SOC. If she would have a SOC, she will be evaluated under the 185 percent program.

QUESTION 44: Is an infant born to a pregnant women during the TMC period eligible for zero SOC Medi-Cal?

ANSWER: Yes. The infant's SOC is linked to the mother's SOC at birth. Therefore, in this situation it would stay at zero.

INTERCOUNTY TRANSFERS

QUESTION 45: How should counties handle intercounty transfers of cases where beneficiaries are receiving the benefits of CE? What forms should the county use? What SOC would county assign?

ANSWER: These cases should be treated the same way current intercounty transfers are. Counties should review the information contained in the case file and the SOC would depend on this and any new information.

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51 - QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) PROGRAM

BACKGROUND

The Qualified Disabled Working Individuals ((QDWI) Program mandates states to pay Part A Medicare premiums for certain qualified disabled individuals who lost Title II and Medicare benefits due to earned income above the required substantial gainful limit (SGA).

REFERENCE

The ODWI Program was established by the Omnibus Budget Reconciliation Act of 1989, Section 6408(d).

IMPLEMENTATION

The QWDI Program was implemented February 1, 1991, retroactive to July 1, 1990.

OVERVIEW OF PROGRAM

The QDWI Program requires the State to pay Part A Medicare premiums for disabled individuals under age 65 who lost Title II and Medicare benefits due to earned income above the required SGA limit. They have income at or below 200 percent of the federal poverty level and property at or below twice that of Medi-Cal. The QDWI Program does not pay the Medicare coinsurance, deductibles, or the Part B medical premium.

ELIGIBILITY

A QDWI is considered a Medi-Cal beneficiary and must meet all other nonfinancial requirements for full Medi-Cal benefit eligibility such as cooperation, state residency, citizenship, etc.

A QDWI is an individual who:

1. Is eligible to enroll in Medicare Part A hospital insurance (HI) only under a special program (1818A) and who:
 - (A) Has not attained age 65;
 - (B) Has been entitled to disability insurance benefits under Title II;
 - (C) Continues to have a disabling physical or mental condition;
 - (D) Lost Title II benefits due to earnings exceeding the SGA limits (currently \$500 per month); and,
 - (E) Is not otherwise entitled to Medicare.

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2. Has income at or below 200 percent of the federal poverty level (FPL)
3. Has property at or below twice (\$4,000 for one, \$6,000 for two) the Medi-Cal resource limit.

PLEASE NOTE: The SSI program considers a disabled individual to be an adult if he/she is 18 years or older unless he/she is a full-time student. This is different from Medi-Cal. Title 22, California of Regulations (CCR), Section 50030 specifies that an 18-21 year old is a child only if he/she is:

- o living away from home and claimed as a tax dependent; or
- o living in the home, unless he/she is blind or disabled and not enrolled in school.

Since it is doubtful that there will be any eligible QDWI children (disabled, working above the SGA level, and no longer entitled to the 39 continuing months of Medicare), no instructions will be provided for this group. Counties should contact DHS if a QDWI child should apply.

NEW QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) PARAGRAPHS:

ELIGIBILITY - QDWIs INELIGIBLE FOR MEDI-CAL

Federal law states that a QDWI may not be other wise eligible for Medi-Cal. That is, there is no federal financial participation (FFP) in payments for Medicare Part A premiums for an otherwise eligible QDWI who is also eligible for Medi-Cal under another category or program and who has no share of cost (SOC) or who has met his/her Medi-Cal SOC.

Counties must review Medi-Cal Eligibility Data System (MEDS) Eligibility-Status and the SOC ("SOC-AMT") amount on the MEDS "INQN" screen of every potential QDWI to ensure that he/she is also not eligible for zero SOC Medi-Cal, or SOC Medi-Cal. If the potential QDWI beneficiary is eligible for Medi-Cal, he/she cannot maintain QDWI status.

CARD ISSUANCE

No Medi-Cal card will be issued to a QDWI, since a QDWI cannot be eligible for Medi-Cal.

ELGIBILITY FOR UNDOCUMENTED ALIENS AND CERTAIN AMNESTY ALIENS

Based on the eligibility requirements, individuals who meet Medi-Cal financial criteria but are not eligible for full scope benefits are not eligible for QDWI benefits. Such individuals are:

1. Amnesty aliens (i.e., Temporary Permanent Residents) who are not aged, blind, or disabled (ABD) or under aged 18 and who are still within the five-year waiting period before they can adjust status to that of U.S. lawful permanent resident. These aliens are eligible to receive only restricted (emergency and pregnancy-related) Medi-Cal benefits (NOTE: Once an amnesty alien completes the five-year waiting period and adjusts status to that of U.S. lawful permanent resident, that alien is eligible for QDWI benefits if "otherwise eligible" ; or,
2. Undocumented aliens, who are eligible to receive only restricted (emergency and pregnancy-related) Medi-Cal benefits.

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RETROACTIVE MEDI-CAL BENEFITS

Retroactive Medi-Cal eligibility (i.e., for the three months before the month of application) is permitted if the individual is entitled to Part A benefits in those retroactive months and is otherwise eligible.

PART A ENROLLMENT AND BENEFITS

The initial enrollment period for the special 1818A Medicare program is seven (7) months from the date an individual receives notice from SSA that his/her Part A benefits under the regular Medicare program will end due to excess earnings.

The individual fails to enroll during the initial enrollment period (IEP), he/she must wait until the general enrollment period (GEP) of January through March. Those who enroll in the GEP do not receive benefits until July.

NOTE: Individuals who are not eligible for or do not wish to be a QDWI may apply and pay their own special Part A premiums during the stated time periods.

INITIAL QDWI PROCESSING

SSA contracts potential QDWI beneficiaries via an award notice. Later, this may be followed by Medicare notice which indicates the month(s) the state agency paid the beneficiary's Medicare Part A hospital insurance premiums. They also notify the beneficiary when their hospital insurance premiums will no longer be paid by the State. (Similar forms can be found at the end of these procedures.) The individual must pay the Part A premiums for all months during which he/she is not eligible as a QDWI. If otherwise eligible, a QDWI may be eligible for three months retroactive benefits, but not before July 1, 1990.

EXAMPLE 1

Mr. Smith has an SSA award letter stating that he is eligible for the special Medicare Part A program (1818A) beginning July 1, 1990. He applies for QDWI and Medi-Cal benefits with the county on January 4, 1991 and is determined eligible for both programs. Since a QDWI is also entitled to apply for three months retroactive benefits, the county determines whether Mr. Smith is eligible back to October 1, 1990. If otherwise eligible, his retroactive benefits will cover October, November and December 1990 and SSA will refund any payment he made after the State pays these premiums. However, Mr. Smith will not be reimbursed for any payments he made for July, August, and September 1990.

EXAMPLE 2

On January 3, 1991, Mrs. Williams applies at SSA for the special 1818A Medicare program during the GEP (January through March) because she failed to apply during her IEP. She then applies with the county on March 16, 1991 for QDWI benefits. Her Medicare award letter states that her benefits will not begin until July 1991. Therefore, if otherwise eligible, the county will report eligibility date of July 1, 1991 to the Premium Payment Unit via the "E-Mail For QDWI" form (See "EMC2/TAO Screen" below). The Premium Payment Unit will verify her eligibility to the county of responsibility.

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EMC2/TAO SCREEN

Beginning July 1, 1991, a county EMC2/TAO system, "E-Mail For QDWI" form (attached) is to be used to add or delete individuals from the QDWI Program instead of using a MEDS aid code. Counties may report QDWI eligibility, via the EMC2/TAO screen, at any time. However, only QDWI's reported eligible by the 17th of the month will be accreted that month. Those reported after the 17th will be accreted the following month, with retroactive eligibility for the reported month. QDWI's will use their Medicare card for services. The EMC2/TAO procedures are as follows:

1. Sign on to MEDS;
2. At the EMC2/TAO User Menu, select option "B" or bulletin board;
3. Select option, "Forms," ; and,
4. At the screen, "E Mail for QDWI," complete all applicable fields.

QDWI PROPERTY DETERMINATION

The QDWI property limit may not exceed twice the Medi-Cal resource limit (twice \$2,000 for one, twice \$3,000 for two) for an individual/couple. A separate property determination need not be made for potential QDWI eligibles who are also eligible for regular Medi-Cal.

- a. Consider the property of the QDWI applicant (and spouse, if any). Do not consider the property of any other family members in the home.
- b. Determine the net nonexempt property in accordance with Article 9, Title 22, CCR.
- c. Compare the net nonexempt property to twice the Medi-Cal property limit for one person (or twice the property limit for two persons if the spouse is at home, regardless of whether the spouse is a QDWI applicant/beneficiary).
- d. If the result in Step (c) exceeds twice the Medi-Cal property limit shown in that step, then the applicant is ineligible for QDWI due to excess property. Once the property has been spent down, he/she may reapply.

EXAMPLE 1

Joe and Jackie are married and living together with three minor children. Joe is disabled but is working above the SGA level and is no longer eligible for Title II or Medicare benefits. He is applying for QDWI benefits for himself. Neither he nor Jackie receive Medi-Cal from any other program and they do not wish to. Joe and Jackie have nonexempt property which consists of a checking and savings account. The lowest balance in the month of application is \$5,000. Their three children have separate trust accounts created by their grandparents. The total value of the trust accounts is \$20,000. Joe's and Jackie's names do not appear on any of the trust documents. The EW all only consider Joe's and Jackie's own property and will ignore the children's trust accounts.

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1. \$5,000 - Joe's and Jackie's own net nonexempt property
2. Compare to \$6,000 (twice the Medi-Cal property limit for two)

Joe meets the QDWI property requirements since \$5,000 is less than \$6,000

EXAMPLE 2

Kyle is 21 years old, disabled and residing with his aged mother. He has a job and earns more than the SGA limit. He is not on SSI and is not in school. Kyle has \$2,550 in net nonexempt resources. His mother has \$1,800 in net non exempt resources. Kyle and his mother want to apply for regular Medi-Cal and Kyle wants QDWI coverage.

1. Since Kyle is applying for regular Medi-Cal, the EW will determine property for regular Medi-Cal under regular Medi-Cal rules. Under Section 50030, Kyle is an adult. Kyle is in a separate MFBU from his mother. Since Kyle has more than the Medi-Cal property limit for one (\$2,000), he is ineligible for regular Medi-Cal benefits. His mother has less than the \$2,000 limit; therefore, she is eligible for Medi-Cal.
2. The EW now evaluates whether Kyle is eligible as a QDWI. Kyle is considered an adult under SSI rules and there is no deeming of any other family member's resources except for those of a spouse.

Since Kyle is not married, only his own resources are considered. His total resources are \$2,550 which is less than twice the Medi-Cal limit or \$4,000. There, Kyle meets the QDWI property requirement.

QDWI INCOME DETERMINATION

The QDWI must have income at or below twice the federal poverty level plus the \$20 any income disregard for an aged, blind, or disabled individual. The federal poverty level changes in the spring of each year.

- (a) SSI income methodology allows for deductions not allowed under Medi-Cal and only considers the income of the QDWI applicant and the spouse of the applicant, i.e., deductions for Impairment Related Work Expenses (IRWE) are allowed; however, health insurance premiums, coinsurance, deductible, or other medical care cannot be used to reduce income.

IRWE, as defined in Title 22, CCR, Section 50045.1 are those expenses of working disabled QDWI necessary to become or remain employed. This deduction is only allowed for the QDWI applicant/beneficiary. The IRWE must be paid by the applicant/beneficiary to be allowed.

SSI income methodology allows the ineligible spouse of a QDWI applicant to reduce his/her gross nonexempt income by:

- o Allocating income to ineligible minor child(ren) residing with the applicant, less any income the child(ren) may have. This shall be known as the "Standard QDWI Allocation." The Standard QDWI Allocation amount for 1992 is \$211.00. This amount will increase annually and will be provided to counties when applicable.

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- o If the remaining income of the ineligible spouse after the allocation to the ineligible minor children is equal to or less than the Standard QDWI Allocation amount, the income shall be considered exempt. If there are no ineligible children to allocate to and the ineligible spouse's income is equal to or less than the Standard QDWI Allocation amount, it is also exempt.

(a) SSI Income Determination Form

SSI methodology is to be used with the MC 176 QDWI form to determine the net nonexempt income of a QDWI applicant. The form will accommodate all income and deductions for a QDWI adult, ineligible spouse, or a couple. It provides for the Standard QDWI Allocation determination to an ineligible child(ren) who resides with the QDWI applicant and provides for the QDWI income eligibility determination.

(b) Income Eligibility Determination Process

Determine the net nonexempt unearned income of the QDWI applicant using SSI income methodology in the following order:

- (1) Determine the gross nonexempt income of the QDWI applicant, his/her spouse and ineligible child(ren) who reside with the QDWI applicant. Actual income is to be used to determine gross nonexempt income. Also, the apportionment of income and deductions are not applicable using SSI income methodology.
- (2) Determine any allocation to the ineligible minor child(ren) residing with the QDWI applicant from the ineligible spouse using Section II of the MC 176 QDWI form. The Standard QDWI Allocation is only allowed from an ineligible spouse. Do not allocate from a QDWI applicant. Subtract any income the child(ren) may have from the Standard QDWI Allocation. (Do not include any PA or other PA). The remainder is the actual allocation amount. If the ineligible minor child(ren) is a student, allow the Student Income Deduction. This amount will increase annually and will be provided to counties when applicable.
- (3) After allocating to the ineligible minor children, determine if the remaining income of the ineligible spouse is less than the Standard QDWI Allocation. If so, it is exempt. This also applies to an ineligible spouse with no child(ren). Section III of the MC 176 QDWI can be used to make this determination.

Note: Section III is used for evaluation purposes only. If the remaining income of the ineligible spouse exceeds the Standard QDWI Allocation amount, include the gross income and any applicable allocation to minor ineligible children in Section I.

- (4) Determine the net nonexempt earned income. Allow all applicable deductions as indicated on the MC 176 QDWI. These deductions include: the \$65 and ½ deduction; the IRWE deduction; allocation to ineligible child(ren); and any unused \$20 Any Income Deduction.
- (5) Compare the net nonexempt income to the appropriate percent of the federal poverty level (FPL). Since SSI income methodology only considers the income of the applicant and spouse, determine the appropriate FPL as follows; use the FPL for one, if only the QDWI applicant's income is used or the FPL for two, if the QDWI applicant's income is combined with the spouse's income. If the net nonexempt income is equal to or less than the appropriate FPL, the QDWI applicant is income eligible.

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EXAMPLE 1

John Ramirez is a disabled individual who is employed in a local restaurant where he earns \$620 per month (gross). He is applying as a QDWI. John is making monthly payments of \$75 for his prosthetic appliance which is necessary for him to continue to work. His wife Maria has no income. They have two children, Julia and John Jr.; both are students. Julia earns \$325 per month at a local fast food restaurant.

QDWI Income Eligibility Determination

(1) Determine the appropriate MFBU. (One)

(2) Determine the Net Nonexempt Income using the MC 176 QDWI.

\$620	John's Gross Earned Income
<u>0</u>	Maria has no income
\$620	
- 75	John's IRWE Deduction
<u>\$545</u>	
- 65	Earned Income Deduction
<u>-20</u>	Unused \$20 Any Income Deduction
\$460	
<u>x 1/2</u>	Earned Income Deduction
\$230	

(3) Compare the Net Nonexempt Income to the Current FPL for the appropriate MFBU.

\$230 < PL for one which is \$1,155 = QDWI eligible)

EXAMPLE 2

Mary Baker is a disabled individual who is employed at a local department store. She earns \$550 per month (gross). She is applying as a QDWI. Mary's husband John receives \$600 SSA benefits and works at their church making \$300 per month (gross). They have two infant children, John Jr. and Sally.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QDWI INCOME ELIGIBILITY DETERMINATION

(1) Determine the appropriate MFBU. (Two)

(2) Determination the Net Nonexempt Income using the MC 176 QDWI

\$600 John's Income
-386 Standard QDWI Allocation (\$193 to each child)

\$214
- 20 Any income Deduction

\$194 Net Unearned Income

\$550 Mary's Gross Earned Income
+300 John's Gross Earned Income

\$850
-65 Earned Income Deduction

\$785
x 1/2 Earned Income Deduction

\$392.50
194.00 Net Unearned Income
\$586.50 Net Nonexempt Income

(3) Compare the Net Nonexempt Income to the FPL for the appropriate MFBU.

\$586.50 > FPL for two which is \$1,552 = (QDWI eligible)

FORMS AND NOTICES

The following are QDWI forms and notices which can be found in the forma Section of the Medi-Cal Manual:

MC Information Notice 010 Qualified Medicare Beneficiary Program Information Notice

MC 239 QDWI-1 Medi-Cal Notice of Action (Denials or Discontinuance)

MC 239 QDWI-2 Medi-Cal Notice of Action (Approval)

MC 176 QDWI-2 QDWI Property Worksheet

MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency paid your HOSPITAL INSURANCE premiums (Medicare Part A) for the following period:

First Month Your State Paid Your Premium		Last Month Your State Paid Your Premium	
Month	Year	Month	Year

If you paid premiums for any of these months, you will receive a refund. You must pay the premium for your continuing Hospital Insurance protection. You will be billed directly for your Hospital Insurance premium. Do not make any payment until you receive a bill.

YOU HAVE THE RIGHT TO CANCEL YOUR HOSPITAL INSURANCE (MEDICARE PART A).

1. If you cancel within 30 days from the date of this notice, your Hospital Insurance protection will stop at the same time the State stopped paying your premiums.
2. If you cancel more than 30 days from the date of this notice, your Hospital Insurance protection will stop at the end of the month after the month in which you ask to have it canceled. You must pay the premiums for that coverage.

If you want to cancel your Medicare Hospital Insurance protection, notify your Social Security office immediately.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.

MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency will pay your HOSPITAL INSURANCE premium (Medicare Part A) beginning

Month	Year
-------	------

and the State will continue to pay your Medicare Part A premium until further notice.

If you paid the Part A premium for any months for which the State is now paying, a refund will be sent to you.

You will receive a Medicare card showing Part A entitlement if you do not already have one.

You will not receive a Medicare card if one was issued to you previously and the State's action does not change the date of your Hospital Insurance (Medicare Part A) coverage.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.

You may use this notice to show that you are entitled to Medicare Part A.

MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency has stopped paying your HOSPITAL INSURANCE premiums (Medicare Part A). The first month for which you must pay the premium is shown below.

Month	Year
-------	------

You will be billed directly for your Hospital Insurance premium. Do not make any payment until you receive a bill.

YOU HAVE THE RIGHT TO CANCEL YOUR HOSPITAL INSURANCE (MEDICARE PART A).

1. If you cancel within 30 days from the date of this notice, your Hospital Insurance protection will stop at the same time the State stopped paying your premiums.
2. If you cancel more than 30 days from the date of this notice, your Hospital Insurance protection will stop at the end of the month after the month in which you ask to have it canceled. You must pay the premiums for that coverage.

If you want to cancel your Hospital Insurance protection, notify your Social Security office immediately.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5J – SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) AND QUALIFYING INDIVIDUAL (QI) PROGRAMS

I. SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

A. BACKGROUND

The Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) added the SLMB program to Medi-Cal beginning January 1, 1993. The benefit under the SLMB program is limited to payment of the Medicare Part B premium.

Federal funding for the SLMB is at the regular federal reimbursement rate (in 2000 at 48.45 percent state, 51.55 percent federal).

Federal funding continues to be available for a SLMB for a month even if he or she is concurrently eligible under a different Medi-Cal program (see Section F below, "Dual Eligibility").

B. PROGRAM DESCRIPTION

SLMB Program: Is limited to the payment of the Medicare Part B premium. It does not pay the Medicare Part A premium or the Part B deductibles or coinsurance. The SLMB's Medicare Part B premium will be purchased under the State Buy-In process.

To be eligible a SLMB must:

- Be entitled to Medicare Part A and B;
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple);
- have income below 120 per cent of the FPL (110 percent for 1994 and 1995); and
- be a citizen or alien who would be eligible for full-scope Medi-Cal benefits if he or she were eligible for a regular Medi-Cal program except for excess income or property.

A SLMB who meets the Medi-Cal eligibility requirements for a different Medi-Cal program may receive benefits under both programs (SLMB and Medi-Cal) in the same month.

C. SCOPE OF MEDICARE PART B BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, home health care, diagnostic tests, durable medical equipment, ambulance services, and many other health services and supplies.

D. ENROLLMENT

Enrollment may take place at any time after January 1, 1993.

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E. ELIGIBILITY

Eligibility for the SLMB program shall begin the first month eligibility is approved on or after January 1, 1993. SLMB program applicants must first be evaluated for the QMB program. The income and property eligibility for the QMB/SLMB programs are to be determined using the two-step methodologies outlined in Section 5L-J of the Procedures Manual. Step one is the evaluation of income and property eligibility using Medi-Cal methodology; step two uses the Supplemental Security Income methodology. Applicants ineligible for QMB/SLMB using step one are to be evaluated using step two.

Applicants ineligible for the QMB/SLMB programs are to be evaluated for the Qualifying Individual-1 and Qualifying Individual-2 programs. See II, of this section. Applicants also have the option of being evaluated for other Medi-Cal programs. The MC-14A, QMB/SLMB/QI mail-in application form includes the question of whether the applicant wishes to apply for other Medi-Cal programs. Applicants interested in applying for other Medi-Cal programs are to be mailed the appropriate forms.

F. DUAL ELIGIBILITY

There is an advantage to California when a medically needy-only (MNO) beneficiary is determined concurrently eligible under the SLMB program. Medi-Cal buys-in for all MNO beneficiaries because it is cost effective; however, Medi-Cal does not receive Federal Financial Participation (FFP) for MNO individuals. When an MNO individual is eligible for the SLMB program and the aid code 8C is reported to the Medi-Cal Eligibility Data System, the State gains FFP for his or her SLMB enrollment.

G. RETROACTIVE BENEFITS

SLMBs may have up to three months of retroactive benefits, preceeding the month of application, but not before January 1993.

H. MEDI-CAL CARDS

SLMBs will not be issued Medi-Cal cards for SLMB eligibility. However, those SLMBs with eligibility in another Medi-Cal program may be issued a Medi-Cal card as a benefit of that program.

I. AID CODE

The Department has established the 8C alphanumerical aid code to identify the SLMBs.

J. SLMB APPLICATION

The MC-14A is the mail-in application form for the QMB/SLMB/QI programs and can be used in place of the MC210 or SAWS forms. A face-to-face interview is waived for applicants using the MC-14A. Counties are to follow their own income verification procedures. It is recommended, however, that counties have potential beneficiaries photocopy and mail required documents and use telephone interviews to replace face-to-face interviews. The application date is the date the MC-14A is received by the county.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

K. COUNTY RESPONSIBILITY

1. Counties will issue a Notice of Action (NOA) when an applicant is approved for the SLMB program. The NOA for approval of benefits is on form MC 239 SLMB-1. If there is no eligibility for the SLMB program, the county shall determine eligibility under the QI-1 or QI-2 programs, under 5-J, Section II. If there is eligibility under the QI program, there is no need for the county to send the SLMB/QI denial notice MC 239-2.
2. Counties will issue all Spanish language MC 239 SLMB-1 forms to all individuals who request a copy.
3. Counties will process annual redeterminations for SLMBs.

L. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It can be found in the Procedures Section, page 5J-11.
2. The "Medi-Cal Buy-In Programs Chart" lists the scope of Medi-Cal benefits under the various Buy-In programs and contains other useful information. See procedures Section 5-J-12.

M. FORMS

The SLMB program forms are as follows:

- | | | |
|----|--------------------------------------|---|
| 1. | MC 176-1 QMB/SLMB/QI (Form/Inst.) | Income Eligibility Worksheet for All Applicants, Form and Instructions. |
| 2. | MC 176-2A QMB/SLMB/QI (Form/Inst.) | Income Eligibility Worksheet Couple or Applicant With an Ineligible Spouse, With or Without Child(ren), Forms and Instructions. |
| 3. | MC 176-2B QMB/SLMB/QI (Forms/Instr.) | Income Eligibility Worksheet for Child Applying With or Without Ineligible Parent(s) Form and Instructions. |
| 4. | MC 176 P-A QMB/SLMB/QI | QMB/SLMB/QI Property Worksheet, Adult |
| 5. | MC 176 P-C QMB/SLMB/QI | QMB/SLMB/QI Property Worksheet, Child |

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- | | | |
|-----|----------------|--|
| 6. | MC 239 SLMB-1 | Medi-Cal Notice of Action Approval
For Benefits As A SLMB |
| 7. | MC-14 A | QMB/SLMB/QI Application |
| 8. | MC 14 A (SP) | QMB/SLMB/QI Application, Spanish |
| 9. | NA Back 8 | Your Hearing Rights |
| 10. | NA Back 8 (SP) | Your Hearing Rights, Spanish |

N. MEDS INFORMATION

SLMB eligibility is to be reported to MEDS in the Special Program Segment, INQ1 under Aid Code 8C. The pending eligibility code of 691 (or 692 for retroactive eligibility reporting) will appear, until a confirmed Buy-In takes place. The eligibility code will then change to 001 (002 for retroactive Buy-Ins). The Medicare status will be 2 to indicate the state payment of Medicare premium).

II. QUALIFYING INDIVIDUAL-1(QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS

A. BACKGROUND

The federal Balanced Budget Act of 1997 (BBA, 1997), Public Law 105-33 added the Qualifying Individual-1 (QI-1) and Qualifying Individual-2 (QI-2) programs. Both are time limited programs beginning January 1, 1998 and ending December 31, 2002 that pay all or part of the Medicare Part B premium. The QI-1 program benefit is the payment of the Medicare Part B premium; the QI-2 benefit is the reimbursement of a portion of the Medicare Part B premium previously paid by the beneficiary. The QI-1 must be entitled to Medicare Part B, have no more than twice Medi-Cal's property limit (\$4,000 for one person or \$6,000 for a couple), and have income of at least 120 percent of the Federal Poverty Level (FPL) but below 135 percent. The QI-2 must have paid their Medicare Part B premium, have not more than twice the Medi-Cal's property limit, and have income at or above 135 percent of the FPL but below 175 percent.

The QI program is reimbursed at 100 percent federal reimbursement up to a fixed yearly federal allocation. Therefore, the number of individuals who can be served under these two programs is to be limited so that states do not exceed their allocations. (See Section K below, "Limiting the Number of QI Beneficiaries.")

The enhanced federal funding in a month is **not** available for QI costs if the QI is eligible under any other Medi-Cal program in that same month. (Federal reimbursement is **not** available for the months that a share of cost (SOC) individual meets his or her SOC and is considered Medi-Cal eligible. This is seamless to the QI since Buy-In of the Part B premium continues, but it is under the MN program. (See Section F below, "Dual Eligibility."))

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. PROGRAM DESCRIPTION

1. QI-1 Program: Is limited to the payment of the Medicare Part B premium. It does not pay the Medicare Part A premium, or the Part B deductibles or copayments.

To be eligible a QI-1 must:

- Be entitled to Medicare Part B;
- have income at or above 120 percent of the FPL and up to but not including 135 percent;
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple); and
- be a citizen or alien who would be eligible for a regular Medi-Cal program except for excess income or property.

QI-1, Other Medi-Cal Coverage:

1. An individual may not be determined eligible for the QI-1 program if he or she is eligible for any other zero SOC Medi-Cal program, such as SSI cash-based Medi-Cal, or ABD-MN with no SOC.
2. A QI-1 with a SOC is **not** considered eligible for the SOC program until the SOC is met. Therefore, the QI-1 may be reported to MEDS in both the QI-1 and the SOC aid code in the same month. However, federal enhanced QI-1 funding is not available in any month in which the SOC is met. Counties are not required to track QI-1s that meet or do not meet their SOC. The Department of Health Services (DHS) will adjust its internal Buy-In process to claim the appropriate enhanced federal funding for QI-1s. The Medicare Buy-in process will not be affected.

2. QI-2 Program: Is limited to the reimbursement of a portion of the Medicare Part B premium that is paid by the QI-2. This portion is the increase in the Medicare Part B premium due to the transfer of Home Health Services from Medicare Part A to Part B. Beginning January 1998, one-seventh of this transferred amount is to be reimbursed to the QI-2 eligible. This fractional amount increases by one-seventh for each year the QI program is effective. Beginning October 1998, two-sevenths will be reimbursed for federal fiscal year (FY) 1999 and each year thereafter until FY 2003.

To be eligible a QI-2 must:

- have paid his or her Medicare Part B premium,
- have income at or above 135 percent of the FPL and up to but not including 175 percent,
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple), and
- be a citizen or alien who would be eligible for a regular Medi-Cal program

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QI-2, Other Medi-Cal Coverage:

QI-2 individuals may not be determined eligible for any other Medi-Cal program. Since Medi-Cal pays the Medicare Part B premium for all full-scope Medi-Cal beneficiaries with Medicare entitlement, and the QI-2 program only reimburses individuals that have paid their own Part B premiums, individuals are not eligible for both programs at the same time.

C. SCOPE OF MEDICARE PART B BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, home health care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies

D. ENROLLMENT

The new QI-1s and QI-2s may enroll in the program any time on or after January 1, 1998 and until December 31, 2002, subject to the availability of federal funding as addressed in Section K.

E. ELIGIBILITY

Eligibility for the QI programs shall begin the first month that eligibility is established after the designated dates listed in "Enrollment," above. QI program applicants must first be evaluated for the QMB or SLMB programs. The income and property eligibility for the QMB/SLMB/QI-1 and 2 programs are to be determined using the two step methodologies outlined in Section 5L-J of the Procedures Manual. Step one is the evaluation of income and property eligibility using Medi-Cal methodology; step two is using the Supplemental Security Income methodology. Applicants ineligible for QMB/SLMB/QI-1 or 2 using step one, are to be evaluated using step two.

Applicants also have the option of being evaluated for other Medi-Cal programs. The MC-14 A, QMB/SLMB/QI mail-in application form includes the question of whether the applicant wishes to apply for other Medi-Cal programs. Applicants interested in applying for other Medi-Cal programs are to be mailed the appropriate forms.

F. DUAL ELIGIBILITY

Although federal law precludes a QI-1 from being eligible for any other Medicaid program, medically needy (MN) individuals with a SOC may be eligible for QI-1 in those months that the SOC is not met. Medi-Cal "buys-in" for MN individuals because it is cost effective; Medi-Cal does not receive federal reimbursement for these individuals. Since the QI program receives the federal reimbursement rate of 100 percent, it is a financial advantage to DHS to enroll MN individuals in the QI-1 program. DHS will be responsible for tracking the month by month QI-1 eligibility in order to claim the appropriate federal reimbursement. The county responsibility is to review MN applications and redeterminations and, if eligible, put individuals into Aid Code 8D.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QI-2 federal funding is not available for dual eligibles.

G. RETROACTIVE BENEFITS

Unlike QMBs, QIs may have up to three months of retroactive benefits proceeding the month of application, but not before January 1, 1998.

H. MEDI-CAL CARDS

QIs will not be issued Medi-Cal cards for QI-1 and QI-2 eligibility. However, those QI-1s with eligibility in another Medi-Cal program may be issued a Medi-Cal card as a benefit of that program.

I. AID CODES

DHS has established the following alphanumeric aid codes to identify QI-1s and QI-2s.

Aid Code 8D is for QI-1s; and
Aid Code 8K is for the QI-2s.

J. BUY-IN/REIMBURSEMENT OF THE ALL OR PART OF THE MEDICARE PART B PREMIUM

As defined by the aid codes, the QI-1s full Medicare Part B premiums will be purchased under the State Buy-In process. The QI-2s are required to pay their own Medicare Part B premiums while in Aid Code 8K in order to be eligible for the reimbursement of a portion of that premium. Payments will be issued retroactively by the State at the end of each calendar year. QI-1s and QI-2s are identified on MEDS in the Special Program Segment (INQ1), under Aid Codes "8D" or "8K."

K. LIMITING THE NUMBER OF QI-1S AND QI-2S

Although the BBA, 1997, specifies 100 percent federal reimbursement for the QI-1 and QI-2 programs, this reimbursement is drawn from the state's fixed allocation. Once the allocation is exceeded, states are responsible for all remaining costs for the two programs. Therefore, states are permitted under federal law to limit the number of beneficiaries, subject to the following requirements:

1. There will be a limited number of beneficiaries who qualify for QI-1 and QI-2 benefits in these new programs (8D and 8K) on a "first come, first serve basis."
2. Those who qualify for the QI-1 and QI-2 program shall receive benefits through the calendar year.
3. Those who qualified for assistance in the last month of the previous year have preference the following year; however, federal law states that the QI is "not entitled to continued assistance for year. It appears unlikely that the California allocation will be exceeded. DHS will inform the any succeeding year." If DHS estimates the number of QI's on aid in December would cause the following year's allocation to be

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

exceeded, DHS will limit the number of QI-s for the following year. It appears unlikely that the California allocation will be exceeded. DHS will inform the counties should there be a possibility that QI eligibility is to be limited.

4. Those whose eligibility must end December 31 will receive a NOA form and a packet of forms from DHS indicating that the discontinuance is due to the exhaustion of federal funds. The NOA requests that the individual complete the forms and return them for a redetermination of eligibility. If the discontinued individual completes the packet, returns it to the county, and is found potentially eligible, he or she will be pended to a QI "waiting list" for QI federal funding to become available as other individuals go off the QI system.

Note: The NOA and packet of forms referred to in number 4, have not been implemented. The State will notify the counties when they are operational.

L. QI APPLICATION

The MC-14A is the mail-in application for the QMB/SLMB/QI programs and can be used in place of the MC210 or SAWS forms. A face-to-face interview is waived for applicants using the MC-14A. Counties are to follow their own income verification procedures. It is recommended, however, that counties have potential beneficiaries "photocopy and mail required documents" and use telephone interviews to replace face-to-face interviews.

QI applicants are not to be asked for verification of property. Counties may seek verification from other sources. If information conflicts with verifications from other sources, the county can ask the QI for verification to clarify the inconsistency.

The application date is the date the MC-14A is received at the county.

M. COUNTY RESPONSIBILITY

1. Counties will issue a NOA indicating whether an applicant is approved or denied for the QI-1 or QI-2 program. The NOA for the approval of benefits is on form MC 239-1 QI, and the NOA for denials is on form MC 239-2 SLMB/QI. Both forms are available in both English and Spanish.
2. Counties will issue Spanish language forms to all individuals who request copies.
3. Counties will process annual redeterminations, based on the Medi-Cal approval date, or pend redeterminations until the annual FPL Levels are received. Applicants can use the MC 14-A instead of the MC 210.

N. STATE RESPONSIBILITY

1. DHS will issue a Notice Type 18 to the QI-1 when the Social Security Administration approves the individual's buy-in for Medicare Part B.
2. DHS will issue the a Notice Type 19 to the QI-2 when DHS confirms that the individual has paid his or her monthly Medicare Part B premium and is therefore eligible for some or all of the QI-2 yearly refund check.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. DHS will send a listing of QI-1s and QI-2s that have received Notice Type 18 and 19. This listing is provided to the county for information purposes only. No action is required.
4. DHS will issue a "Pending-Status" NOA which indicates that although the individual is eligible, there is a delay in his or her becoming a QI due to lack of federal QI funds. The individual is then pended to the QI system waiting list until someone drops off and funding for the individual's Medicare Part B premium is available.

Note: The "Pending-Status" NOA has not been implemented. DHS will notify the counties when it is operational.

5. DHS will send a NOA and the appropriate forms to certain previously eligible QI individuals informing them they will be discontinued from the QI program the following year due to insufficient federal funds. If the individual completes the package of forms and returns them to the county, the county will complete the eligibility redetermination. If he or she is determined to be eligible, the county will pend the individual on the QI system waiting list. If/when funding becomes available for a pended individual's payment of part or all of the Medicare Part B premium, the county will notify the individual by sending him/her a MC-239-1, NOA.

Note: The QI system waiting list has not been implemented. The counties will be notified and provided instructions prior to implementation.

O. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It can be found in the Procedures Section, page 5J-11.
2. The "Medi-Cal Buy-In Programs Chart" lists the scope of Medi-Cal benefits under the various Buy-In programs and contains other useful information. See procedures Section 5J-12.

P. FORMS

The QI program forms are as follows:

- | | | |
|----|---------------------------------------|--|
| 1. | MC 176-1 QMB/SLMB/QI
(Form/Inst.) | Income Eligibility Worksheet for All
Applicants, Form and Instructions. |
| 2. | MC 176-2A QMB/SLMB/QI
(Form/Inst.) | Income Eligibility Worksheet
(Couple or Applicant With an Ineligible
Spouse, With or Without Child(ren),
Form and Instructions. |

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- | | | |
|-----|---------------------------------------|--|
| 3. | MC 176-2B QMB/SLMB/QI
(Form/Inst.) | Income Eligibility Worksheet for Child
Applying With or Without Ineligible
Parent(s), Form and Instructions in
English and Spanish. |
| 4. | MC 176 P-A QMB/SLMB/QI | QMB/SLMB/QI Property
Worksheet, Adult |
| 5. | MC 176 P-C QMB/SLMB/QI | QMB/SLMB/QI Property
Worksheet, Child |
| 6. | MC 239-1 QI | Medi-Cal Notice of Action,
Approval For Benefits As A QI |
| 7. | MC 239-1 QI (SP) | Medi-Cal Notice of Action,
Approval for Benefits As A
QI, Spanish |
| 8. | MC 239-2 SLMB/QI | Medi-Cal Notice of Action,
Denial/Discontinuance of
Benefits As A SLMB/QI |
| 9. | MC 239-2 SLMB/QI (SP) | Medi-Cal Notice of Action,
Denial/Discontinuance of
Benefits As A SLMB/QI,
Spanish |
| 10. | N18FRT (English/SP) | Medi-Cal Notice of Action (system
generated), Approval for Qualifying
Individual-1 (QI-1) Program
(English/SP) |
| 11. | N19FRT (English/SP) | Medi-Cal Notice of Action (system
generated), Approval for Qualifying-2
(QI-2) Program (English/SP) |
| 12. | MC 14 A | QMB/SLMB/QI Application |
| 13. | MC 14 A (SP) | QMB/SLMB/QI Application, Spanish |
| 14. | NA Back 8 | Hearing Rights |
| 15. | NA Back 8 (SP) | Your Hearing Rights, Spanish |

MEDICAL ELIGIBILITY PROCEDURES MANUAL

MEDICARE PREMIUM PAYMENT PROGRAMS ELIGIBILITY REQUIREMENTS MATRIX

Programs	SSI/SSP		ABD MN		Under 65	Over 65	Disabled	Pay Medicare Premiums				Residency Requirements	FPL Income		
								Part A		Part B					
	Yes	No	Yes	No				Yes	No	Yes	No	Yes	At or Above	At or Below	Below
BUY-IN															
- AGED	X		X			X			X	X		X	N/A	N/A	N/A
- BLIND	X		X		X	X	X		X	X		X	N/A	N/A	N/A
- DISABLED	X		X		X	X	X		X	X		X	N/A	N/A	N/A
ALIEN	X	X	X		X	X	X		X	X		X	N/A	N/A	N/A
QMB	X	X	X	X	X	X	X	X		X		X	N/A	100%	N/A
QDWI		X		X	X		X	X			X	X	N/A	200%	N/A
SLMB	X	X	X	X	X	X	X		X	X		X	N/A	N/A	120%
QI-1		X	*	X	X	X	X		X	X		X	120%	N/A	135%
QI-2		X		X	X	X	X		X	**		X	135%	N/A	175%
SSI/SSP=Supplemental Security Income/State Supplemental Payments															
ABD MN=Aged, Blind, Disabled Medically Needy															
FPL=Federal Poverty Level															
QMB=Qualified Medicare Beneficiary															
QDWI=Qualified Disabled Working Individual															
SLMB=Specified Low-Income Medicare Beneficiary															
QI-1/QI-2=Qualifying Individual-1/Qualifying Individual-2															
*Will be considered eligible only for those months in which the share of cost is met															
**Reimburse for a portion of the Medicare Part B premium they paid															

SECTION NO.:

MANUAL LETTER NO.: 2 2 2

DATE: MAY 30 2000

5J-11

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL BUY-IN PROGRAMS CHART

Program	Scope of Medi-Cal Benefits	Part A Buy-In Benefits				Part B Buy-In Benefits				Property Reserve Limit	Medi-Cal Card Issued	Retroactive Period (month)	Effective Date of Buy-In (may include up to 3 months of retroactive coverage)
		Prem.	Deduct.	Co-Ins.	Prem.	Deduct.	Co-Ins.	Income Limit	Share of Cost based on maintenance need unless in a percent program				
MN-ABD (Regular Medi-Cal Only)	Full		X	X	X	X	X	Share of Cost based on maintenance need unless in a percent program	Various levels, depending on circumstances	\$2,000	Yes	3 Months	(Part B) 3rd month after approval
SSI/SSP	Full		X	X	X	X	X	At or below 100% of FPL	At or below 200% of FPL	\$2,000	Yes	3 Months	(Part B) Month approved for SSI/SSP/cash grant
QMB	Limited	X	X	X	X	X	X	At or below 100% of FPL	At or below 200% of FPL	\$4,000	Yes/No	3 Months	(Part A and B) Month after approval If currently enrolled In Part A. July 1, if conditionally enrolled in Part A and awaiting the annual entitlement effective date each July 1.
QDWI	Limited	X						At or below 100% of FPL	At or below 200% of FPL	\$4,000	No	3 Months	(Part A) Month approved
SLMB	Limited				X			Below 120% of FPL	At or above 120% of FPL up to 135%	\$4,000	Yes/No	3 Months	(Part B) Month approved
QI-1	Limited				X			At or above 135% of FPL up to 175%	At or above 135% of FPL up to 175%	\$4,000	No	3 Months	(Part B) Month approved
QI-2	Limited to the reimbursement of a portion of the Medicare Part B premium, paid by the beneficiary									\$4,000	No	3 Months	(Reimbursement) Month Approved

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Q. MEDS INFORMATION

1. The QI system will also list those who are currently eligible and funded for the QI program in the MEDS Special Program Segment (SPS), INQ1 (See Section J, above) under the appropriate Aid Code, 8D or 8K.
2. DHS is proposing additional changes to the QI program and MEDS in order to maintain a pending file for persons eligible for QI, but who cannot be enrolled because the state has projected that the yearly allocation will be insufficient to cover additional eligibles. The purpose of this pending list is to enroll persons in the QI program, as other QIs lose their eligibility during the year. DHS will notify the counties when these additional changes are operational.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
ELIGIBILITY WORK SHEET FOR ALL APPLICANTS:
INDIVIDUAL(S), COUPLE(S), AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)**

[illegible]

MC178-1 QMB/SUMB/QI (9/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET FOR ALL APPLICANTS:
INDIVIDUAL(S); COUPLE(S); AND CHILDREN (LTC INDIVIDUAL IN OWN MFBU)
INSTRUCTIONS, MC 176-1 QMB/SLMB/QI**

Form MC 176-1 QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income for all individuals who are applying under the QMB/SLMB/QI program. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income, or correction in the income.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The "new application" box includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI applicant and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, the seven-digit number, MFBU number, and the person's number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under the case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birth date: Enter the birth date of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s) and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A of the MC 176 W instead of Section I, lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income (from the MC 176 W, Part II), and income allocated from the Pickle-eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the QMB/SLMB/QI spouse; ineligible spouse; or parent of the QMB/SLMB/QI child applicant of the MFBU.
6. Add lines 5(a) and (b), or enter the amount from MC 176 W, Section VI, Part A. This is the combined unearned income of the QMB/SLMB/QI ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB/QI child applicant who is a member of the MFBU.
7. No entry. This shows the \$20 any income deduction.
8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the \$20 any income deduction in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B of the MC 176 W instead of line 9:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

9. Enter the gross earned income.
10. Add the amounts in lines 9(a) and (b) or enter the amount from Section VI, Part B, line 4 of the MC 176 W. This is the combined earned income of the QMB/SLMB/QI applicant(s), QMB/SLMB/QI spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB/QI applicant(s).
12. Subtract number 11 (IRWE expenses) from number 10.
13. Enter the \$65 or the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction here...
14. Subtract line 13 from line 12. If line 14 is less than line 10, enter zero.
15. Divide line 14 by 2. This figure equals the countable earned income.
16. Total Part A, line 8 and Part B, line 15, to obtain the total unearned and earned income. Enter this amount in Section III, line 1:

SECTION II. INCOME OF MFBU MEMBER (BOTH ELIGIBLE AND INELIGIBLE MEMBERS) NOT LISTED IN COLUMN I

NOTE: The ownership of income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.
2. Net income received from property.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3-4. All other unearned income. Include SSI/SSP/IHSS recipient's available income (from MC 176 W, Section II and Section V), Part B, and income allocated from a Pickle-eligible spouse or parent.

5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176 W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5(a) and 6(b).

8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.

9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

SECTION III. QMB/SLMB/QI ELIGIBILITY COMPUTATION

1. Enter: Total countable income from Section I, line 16.

2. Enter: Total countable income from Section II, line 9.

3. Add lines 1 and 2 (rounded). This is the combined countable income of the MFBU.

4. List the current federal poverty level (FPL) for an MFBU of ____: (a) at 100 percent or (b) SLMB at 120 percent. If line 3 is less than or equal to line 4(a), QMB *eligible*. If line 3 is less than line 4(b), SLMB *eligible*. If line 3 exceeds line 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete the MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If there is no ineligible spouse or applicant child, go to step 5.

5. List the current FPL for MFBU of ____: (a) QI-1 at 135 percent, or (b) QI-2 at 175 percent of the FPL. If line 3 is less than line 5(a) or 5(b), QI-1 or QI-2 *eligible*. If line 3 exceeds line 5(a) or 5(b), *deny* QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) INCOME ELIGIBILITY WORK SHEET COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Case name						County district		County use	
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> Correction in circumstances						Effective eligibility date for this budget			
						Month		Year	

Case Number		Name First, Middle, Last	Birthdate Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
Country	Aid					
	Seven-Digit Serial Number	MFBU Number				
					(1)	
					(2)	
					(1)	
					(2)	
					(1)	
					(2)	
					(1)	
					(2)	
					(1)	
					(2)	
					(1)	
					(2)	

I. INCOME OF POTENTIAL QMB/SLMB/QI INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED; AND INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).

A. NONEXEMPT UNEARNED INCOME	(a) QMB/SLMB/QI Applicant	(b) Eligible or Ineligible Spouse
1. RSDI		
2. Net income from property		
3. Other—itemize		
4.		
5. Total (add 1 through 4)	(a)	(b)
6. Allocation to ineligible child(ren) from ineligible spouse (Section II, line 5)		(b) —
7. Remainder (line 5b minus 6b)		(b) (1)
8. Combine unearned income (add 5(a) and 7(b)(2))	\$ — 20	(b) (2)
9. Any income deduction		
10. Countable unearned income (8 minus 9)		

B. NONEXEMPT EARNED INCOME

	(a)	(b)
11. Gross earned income		
12. Unused portion of allocation to ineligible children		(b)
13. Remainder (11(b) minus 12(b))		(b)
14. Combined earned income (11(a) plus 13(b))	\$	
15. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only	—	
16. Remainder (subtract 15 from 14)	\$	
17. \$65 earned income deduction plus \$ of unused \$20	—	
18. Remainder (17 minus 16)	\$	
19. Countable earned income (divide 18 by 2)	\$	
20. Total countable income (add 10 plus 19) (Enter this amount on Section IV, line 1)	\$	

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.

	Child Number One	Child Number Two	Child Number Three	Child Number Four
1. Name				
2. Standard SSI allocation				
3. Subtract ineligible minor child(ren) income (gross). Evaluate for student deduction.				
4. Allocation to ineligible child (2 minus 3)	(a)	(b)	(c)	(d)
5. Total allocation to ineligible children (add 4(a), (b), (c), and (d))				

Enter the amount from Section II, line 5, to Section I, Part A, line 6(b), only if the remaining income of the ineligible spouse exceeds the standard SSI allocation amount. Use Section III to make this determination.

III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)

1. Total unearned income (gross) (Section I, line 5(b))	
2. Total earned income (gross) (Section I, line 11(b))	
3. Total (add lines 1 and 2)	\$
4. Allocation to children (Section II, line 5)	\$
5. Remainder (subtract 4 from 3)	\$

(If line 5 is less than the current standard SSI allocation amount, this income is exempt; do not complete Section I, Part A, column (b) or Section I, Part B, column (b).)

IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION

1. Total countable income (Section I, Part B, line 20, rounded)	\$
2. List current poverty level for MFBU of	
a. QMB (100%)	\$
b. SLMB (120%)	
(If line 1 is less than or equal to line 2a, individual or couple QMB eligible. If line 1 is less than line 2b, individual or couple SLMB eligible. If line 1 exceeds line 2a or 2b, go to step 3.)	
3. List current poverty level for MFBU of	
a. QI-1 (135%)	\$
b. QI-2 (175%)	
(If line 1 is less than line 3(a) or 3(b), individual or couple QI-1 or QI-2 eligible. If line 1 exceeds line 3(a) or 3(b), deny QMB, SLMB, QI-1, or QI-2 as long as the MC 176-1 QMB/SLMB/QI form has been completed.)	

NOTE: IF THE INCOME OF THE SPOUSE IS USED, USE THE CURRENT POVERTY LEVEL FOR TWO. IF ONLY THE INCOME OF THE APPLICANT IS USED, USE THE CURRENT POVERTY LEVEL FOR ONE.

MC 176-2-A QMB/SLMB/QI (1/98) (SSI/SSP Methodology)

SECTION NO.:

MANUAL LETTER NO.: 222

DATE: MAY 30 2000

5J-18

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)
INSTRUCTIONS, MC 176-2 A QMB/SLMB/QI**

Form MC 176-2 A QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology which are less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, application, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 A QMB/SLMB/QI to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI application and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, and seven-digit serial number; enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s); and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A. of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income and income allocated from a Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB/QI members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5, onto line 6(b). NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b)(1). If line 7(b)(1) is a minus figure, enter the minus amount on line 12(b) and enter zero on line 7(b)(2). Otherwise, enter the amount from line 7(b)(1) onto line 7(b)(2).
8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member). (Add line 7(b)(2) and line 5(a).)
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (any minus amount on line 7(b)(1)). Otherwise, enter zero in Section I, Part B, line 12(b).
13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).
14. Add lines 11a and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential QMB/SLMB/QI applicant(s) may have.
16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater or equal to line 16, enter zero.
19. Divide line 18 by 2. This figure equals the countable earned income.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on Section I, Part B, line 20, and on Section IV, line 1.

SECTION II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE (DO NOT ALLOCATE FROM A QMB/SLMB/QI APPLICANT(S). DO NOT INCLUDE A QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.

1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA or other PA.
2. Standard SSI allocation: Enter current year's allocation amount for each child (see QMB/SLMB/QI poverty level chart). If no child(ren), enter zero on line 5, and Section I, Part A, line 6(b)).
3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to \$400 per month or \$1620 per year if student income.
4. Subtract line 3 from line 2 and enter on line 4.
5. Total all columns on line 4. Complete Section III to determine whether this figure is to be entered in Section I, Part A, line 6(b). If Section III, line 5 is less than the current SSI allocation, stop and do not complete Section I(b).

SECTION III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from Section I, line 5(b).
2. Gross Earned Income: Enter the gross earned income of the spouse from Section I, Part B, line 11(b).
3. Total lines 1 and 2 for combined income of spouse.
4. Allocation to child(ren): Enter the figure from Section II, line 5.
5. Remainder: Subtract line 4 from line 3. If line 5 is less than the current SSI allocation amount, this income is exempt. Do not complete Section I(b). Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, Part A, line 6(b).

SECTION IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION

1. Total Countable Income: This is the total countable income entered on Section I, Part B, line 20. This figure was obtained by adding Section I, Part A, line 10 and Section I, Part B, line 19.
2. List the current poverty level for an MFBU of ____: a. QMB (100%) or b. SLMB (120%). If line 1 is less than or equal to line 2(a), QMB *eligible*. If line 1 is less than line 2(b), individual or couple, SLMB *eligible*. If line 1 exceeds line 2(a) or 2(b), go to step 3.
3. List the current poverty level for MFBU of ____: (a) QI-1 (135%) or (b) QI-2 (175%). If line 1 is less than line 3(a) or 3(b), QI-1 or QI-2 *eligible*. If line 1 exceeds line 3(a) or 3(b), *deny* QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) INCOME ELIGIBILITY WORK SHEET CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S) DO NOT INCLUDE QMB/SLMB/QI PARENT(S), PA, OR OTHER PA

Case name						County district		County use	
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> Change in circumstances						Effective eligibility date for this budget			
						Month		Year	

County	Aid	Case Number Seven-Digit Serial Number	MFBU Number	Person Number	Name First, Middle, Last	Birth date Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	

I. INELIGIBLE PARENT(S) or STEPPARENT(S) INCOME OF POTENTIAL QMB/SLMB/QI CHILD APPLYING AS BLIND OR DISABLED

A. NONEXEMPT UNEARNED INCOME	Ineligible Parent(s)	
1. RSDI		
2. Net income from property		
3. Other—itemize		
4.		
5. Total (add lines 1 through 4)	\$	
6. Allocation to ineligible child(ren) (Section II, line 5)	—	
7. Remainder (line 5 minus line 6)	(a) \$	
	(b) \$	
8. Any income deduction	\$ - 20	
9. Countable unearned income (put on line 16 unless negative)		

B. NONEXEMPT EARNED INCOME

10. Gross earned income		
11. Unused portion of allocation to ineligible child(ren)	—	
12. \$65 earned income deduction plus \$ of unused \$20	—	
13. Remainder	\$	
14. Divide by 2 and subtract	—	
15. Countable earned income	\$	
16. Add countable unearned income (line 9)	+\$	
17. Total countable income (add lines 15 and 16)	\$	
18. Subtract parent deduction*	—	
19. Allocation to QMB/SLMB/QI child		

If zero or negative, do not count toward applicant's income determination. Otherwise, enter this amount on Section III, line 1.
* Individual parent deduction amount if any one parent lives with QMB/SLMB/QI child applicant; couple parent deduction amount if both parents live with the child.

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE PARENT(S) OR STEPPARENT(S). DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB/QI CHILD(REN), PA, OR OTHER PA.

	Child Number One	Child Number Two	Child Number Three	Child Number Four
1. Name				
2. Standard SSI allocation				
3. Subtract ineligible minor child(ren) income. Evaluate for student deduction.	—	—	—	—
4. Remaining allocation to ineligible child(ren) (line 2 minus line 3)	(a)	(b)	(c)	(d)
5. Total allocation to ineligible child(ren) (add lines 4(a), (b), (c), and (d)). (Enter amount from Section I, line 5, on line 6.)				

III. QMB/SLMB/QI CHILD COMPUTATION

1. Allocation from parent(s) (Section I, line 19, rounded)	\$	
2. QMB/SLMB/QI child's own RSDI income	+\$	
3. Add other unearned income	+\$	
4. Total unearned income (add lines 1 through 3)	—	
5. Subtract any income deduction	-\$ 20	
6. Remainder (line 4 minus line 5)	—	
7. Child(ren)'s countable earned income	+\$	
8. Subtract IRWE	—	
9. Subtract \$65 earned income deduction plus \$ of unused \$20	—	
10. Remainder (subtract lines 8 and 9 from line 7)	\$	
11. Countable earned income (divide line 10 by 2)	-\$	
12. Net nonexempt income. (add lines 6 and 11)	\$	
13. Current QMB/SLMB/QI poverty level for one	\$	
(a) QMB (100%)		
(b) SLMB (120%)		
(c) QI-1 (135%)		
(d) QI-2 (175%)		

(If line 12 is less than or equal to line 13(a), the child is income eligible for QMB. If line 12 is less than line 13(b), (c), or (d), the child is income eligible for SLMB, QI-1 or QI-2.)
(If line 12 exceeds line 13(a), (b), (c), or (d), deny QMB/SLMB/QI-1/QI-2, as long as the MC 176-1 QMB/SLMB/QI form has been completed.)

Eligibility Worker signature		Worker number	Computation date	County use
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MC 176-2 B QMB/SLMB/QI (1/98) (SSI/SSP Methodology)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
DO NOT INCLUDE QMB/SLMB/QI PARENT(S), PA, OR OTHER PA**

INSTRUCTIONS, MC 176-2 B QMB/SLMB/QI

Form MC 176-2 B QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology for QMB/SLMB/QI income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB/QI program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 B QMB/SLMB/QI to determine if the child is found to be eligible using Medi-Cal rules.

Identification Section

1. Enter: Case name
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For a QMB/SLMB/QI child who is applying as blind or disabled (BD) medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the person number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any BD person or spouse of an BD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birth date: Enter the birth date of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15, Part A, of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Parent(s) or Stepparent(s) Income of Potential QMB/SLMB/QI Child Applying as Blind or Disabled (BD)

In this section, enter all the nonexempt unearned and earned income of the ineligible parent(s) of the child who is applying as an BD MN under the QMB/SLMB/QI program. **NOTE:** "Ineligible parent(s)" refers to the parent(s) of the child who is applying under the QMB/SLMB/QI program. Do not include a parent(s) who is eligible as a QMB/SLMB/QI, PA, or other PA. Only include the income of an ineligible parent(s).

NOTE: The ownership of the income determination required by Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A, of the MC 176 W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. Enter the amount of all other unearned income.
5. Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearned income of the ineligible parent(s) of the potential QMB/SLMB/QI child.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5, onto line 6(b).
7. Subtract line 6 from line 5 or enter the amount from MC 176 W, Section VI, Part A, on 7(a). If this is a minus amount, enter zero on line 7(b) and the minus amount on Section I, Part B, line 11. Otherwise, enter the amount on line 7(a) onto line 7(b).
8. No entry. This shows the \$20 any income deduction.
9. Subtract line 8 from line 7(b). This is the countable unearned income. If the countable unearned income is a minus figure, enter zero on line 16 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 12.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B, of the MC 176 W, instead of line 11:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

10. Enter the gross earned income.
11. Enter the unused amount of any allocation for ineligible minor child(ren) that was not offset by countable unearned income (Section I, Part A, line 6). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB/SLMB/QI child(ren). Enter zero in Section III, line 1. If there is income, proceed with line 12.
12. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
13. Subtract lines 11 and 12 from line 10 to obtain the remaining earned income of the ineligible parent(s). Enter zero if the remainder is a negative amount.
14. Divide by 2.
15. Subtract line 14 from line 13 to obtain the remaining countable earned income of the ineligible parent(s).
16. Enter countable unearned income from line 9.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

17. Add lines 15 and 16. This figure equals the countable income.
18. Enter the parent(s) deduction. Use the parent deduction of a QMB/SLMB/QI child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB/QI child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB/QI child.
19. Subtract line 16 from line 17 and enter this figure on Section III, line 1. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB/QI applicant.

Section II. Allocation to Minor Child(ren) from the Ineligible Parent or Stepparent

1. Enter the name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA, or other PA.
2. Enter the standard QMB/SLMB/QI allocation for each child. If no child(ren), enter zero on line 5 of this section.
3. Enter any income for each minor child(ren), excluding up to \$400 per month and up to \$1,620 per year if student earned income.
4. Subtract line 3 from line 2.
5. Total all columns on line 4 and enter the total allocation. This figure is also to be entered in Section I, Part A, line 6.

Section III. QMB/SLMB/QI Child Computation

1. Enter the parent(s) allocation from Section I, Part B, line 19.
2. Enter the potential QMB/SLMB/QI child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB/QI child may have.
4. Total lines 1 through 3.
5. No entry. This shows the \$20 any income deduction.
6. Subtract line 5 from line 4. This is the total remaining countable unearned income.
7. Enter the potential QMB/SLMB/QI child's countable earned income or amount from Section VI, Part B, line 4, of the MC 176 W. If appropriate, allow the student deduction.
8. Deduct any impairment related work expenses the potential QMB/SLMB/QI child may have.
9. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential QMB/SLMB/QI child(ren).
11. Divide the amount on line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB/QI child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB/QI child(ren).
13. Enter the current QMB/SLMB/QI poverty level for one. If line 12 is less than or equal to line 13(a), the child is eligible for QMB. If line 12 is less than line 13(b), (c), or (d), the child is eligible for SLMB or QI-1 or QI-2. If line 12 exceeds line 13(a), (b), (c), or (d), deny QMB/SLMB/QI-1/QI-2 only if Section III, item 5 of the MC 176-1 QMB/SLMB/QI form has been completed.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**QUALIFIED MEDICARE BENEFICIARY (QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
PROPERTY WORK SHEET
ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)**

Name	Case number	Worker number	Month

STEP I—REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does family qualify under the regular Medi-Cal property rules and property limits?
- ☐ Yes, stop here. QMB/SLMB, QI-1, or QI-2 property requirement met.
- ☐ No, proceed to Step II.

STEP II—QMB/SLMB, QI-1, OR QI-2 METHODOLOGY

- A. Only consider the net nonexempt property of the QMB/SLMB, QI-1, or QI-2 applicant (and spouse); do not consider the property of any other family members in the home.
- B. Net nonexempt property of QMB/SLMB, QI-1, or QI-2 applicant (and spouse) \$ _____
- C. Property limit for one person (or two persons if there is a spouse) \$ _____
- D. Twice the property limit shown on Step II, line C \$ _____
- E. Is Step II, line B less than or equal to Step II, line D?
- ☐ Yes, QMB/SLMB, QI-1, or QI-2 property requirement met.
- ☐ No, ineligible due to excess property.

MC 176 P-A QMB/SLMB/QI (12/99)

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2000

5J-26

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/ QUALIFYING INDIVIDUAL (QI) PROPERTY WORK SHEET CHILD

Name	Case number	Worker number	Month
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STEP I—REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does child qualify under the regular Medi-Cal property rules and property limits?
- ☐ Yes, stop here.
- ☐ No, proceed to Step II.

STEP II—QMB/SLMB/QI (SSI/SSP) METHODOLOGY

A. Parental allocation (includes stepparent)

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property..... \$ _____
2. Property limit for one person (if two parents, enter property limit for two persons)..... \$ _____
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation: \$ _____
4. Divide line A3 by the number of QMB/SLMB/QI children in the home.
QMB/SLMB/QI Child's Share: \$ _____

B. QMB/SLMB/QI resources of child and parent(s)

1. Child's own net nonexempt property (as determined under Article 9)..... \$ _____
2. Enter child's share of property from parent(s) (line A4)..... \$ _____
3. Add lines B1 and B2. \$ _____
4. Twice the property limit for one person..... \$ _____
5. Is line B3 less than or equal to line B4?
☐ Yes, QMB/SLMB/QI property requirement met.
☐ No, ineligible due to excess property. If more than one QMB/SLMB/QI child in the home, proceed to Section C.

C. Child in Section B is ineligible and more than one QMB/SLMB/QI child in the home

1. Follow these steps if the child in Section B above is *ineligible* for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB/SLMB/QI child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
2. Take the amount of property deemed from the parent(s) (Line A3) and redivide it among the remaining number of QMB/SLMB/QI children in the home (Line A4).
3. Repeat Section B for each of the remaining QMB/SLMB/QI children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB/SLMB/QI property limit (Line B4).

Eligibility Worker signature	Worker number	Date of computation
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MC 176 P-C QMB/SLMB/QI (1/88)

SECTION NO.:

MANUAL LETTER NO.:

222

DATE: MAY 30 2000

5J-27

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**MEDI-CAL
NOTICE OF ACTION**
Approval for Benefits as a
Specified Low-Income Medicare Beneficiary

(County Stamp)

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker phone number: _____
Approval for: _____

(Name)

**IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT
AFFECT THOSE BENEFITS.**

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare beneficiary (SLMB) program.

We determined that:

_____ Beginning ____/____/____, you are eligible for the Medi-Cal program to pay your Medicare Part B premiums under the SLMB program. This means that if you receive a Title II, Social Security Administration (SSA) payment and you are currently paying for your Medicare premiums, it will take SSA 3-4 months from the time you are eligible as a SLMB for SSA to stop deducting these premiums from your SSA payment. If you are eligible for a refund, it may also take from 90 to 120 days for SSA to send you a check for those previously paid payments.

_____ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are the California Code of Regulations, Title 22, Section 50258.1.

Si Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MC239 SLMB-1 (1/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Approval of Eligibility as a Qualifying Individual (QI)

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Approval for: _____

(Name)

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for the Qualifying Individuals-1 (QI-1), or the Qualifying Individuals-2 (QI-2) program.

- ☐ 1. You meet the rules of the QI-1 program which is for those with income up to 135 percent of the Federal Poverty Level (FPL). Although subject to the availability of federal funding and approval by the Social Security Administration (SSA), the QI-1 program will pay your Medicare Part B premiums.

YOU WILL RECEIVE ANOTHER NOTICE WHEN YOUR QI-1 BENEFITS BEGIN. THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

- ☐ 2. You meet the rules of the QI-2 program which is for those with income up to 175 percent of the FPL. Although subject to the availability of federal funding and approval by the SSA, the QI-2 program refunds a portion of your Medicare Part B premiums by check the following year.

If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22, Section 50258.1.

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MC 239-1 QI (1/98)

SECTION NO.: MANUAL LETTER NO.: 2 2 2 DATE: MAY 30 2000 5J-29

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL Aprobación de Acción como Individuo Elegible (QI)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del/de la trabajador(a): _____
Número del/de la trabajador(a): _____
Teléfono del/de la trabajador(a): _____
Aprobación para: _____
(Nombre)

SI USTED YA ESTÁ RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Revisamos su solicitud para ver si usted reúne los requisitos para recibir beneficios del programa para Individuos Elegibles-1 (QI-1) o para Individuos Elegibles-2 (QI-2).

- ☐ 1. Usted cumple con las reglas del programa QI-1 que es para aquellos individuos con ingresos de un máximo del 135 por ciento del Nivel Federal de Pobreza (FLP). Aunque se sujeta a la disponibilidad de fondos federales y a la aprobación de la Administración del Seguro Social (SSA), el programa QI-1 pagará sus primas de la Parte B de Medicare.

USTED RECIBIRÁ OTRA NOTIFICACIÓN CUANDO COMIENCEN SUS BENEFICIOS DEL QI-1. ESTO SIGNIFICA QUE SI USTED RECIBE UN CHEQUE DEL TÍTULO II DE LA SSA Y USTED ESTÁ PAGANDO SUS PRIMAS DE LA PARTE B DE MEDICARE, MUY PRONTO USTED RECIBIRÁ UN AUMENTO EN SU CHEQUE MENSUAL DEL TÍTULO II DE LA SSA. POR FAVOR RECUERDE QUE SI USTED REÚNE LOS REQUISITOS PARA RECIBIR BENEFICIOS DEL PROGRAMA QI-1 RETROACTIVAMENTE, ES POSIBLE QUE RECIBA UN REEMBOLSO DE LA SSA POR LAS PRIMAS DE LA PARTE B DE MEDICARE QUE USTED PAGÓ PREVIAMENTE. LA SSA SE DEMORA DE 90 A 120 DÍAS PARA TRAMITAR UN CHEQUE.

- ☐ 2. Usted cumple con las reglas del programa QI-2 que es para aquellos individuos con ingresos de un máximo del 175 por ciento del Nivel Federal de Pobreza (FLP). Aunque se sujeta a la disponibilidad de fondos federales y a la aprobación de la Administración del Seguro Social (SSA), el programa QI-2 reembolsa por medio de un cheque, una parte de sus primas de la Parte B de Medicare, al año siguiente.

Si usted solicitó beneficios de Medi-Cal, usted recibirá una notificación por separado.

La regulación que exige esta acción es la Sección 50258.1, del Título 22, del Código de Regulaciones de California.

Trabajador(a) de Elegibilidad

Teléfono

Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN

MC 239-1 QI (SP) (2/99)

SECTION NO.:

MANUAL LETTER NO.:

2 2 2

DATE:

MAY 30 2000

5J-30

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Denial or Discontinuance of Benefits as a Specified Low-Income Medicare Beneficiary (SLMB) or a Qualifying Individual (QI)

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Denial/discontinuance for: _____

(Name)

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for the Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individuals-1 (QI-1), or the Qualifying Individuals-2 (QI-2) program.

We determined that:

- ☐ You are not eligible for the ☐ SLMB, ☐ QI-1, or ☐ QI-2 program.
- ☐ Your eligibility for the ☐ SLMB, ☐ QI-1, or ☐ QI-2 program ends ____/____/____.

Here is why:

- ☐ You are not eligible for the QI-1 or QI-2 program because you are currently eligible for no-share-of-cost Medi-Cal. Your Medicare Part B premiums are already being paid monthly under that program.
- ☐ Your **INCOME** is above the limit. The income limit is \$ _____. If your income decreases, you may reapply.
- ☐ Your **PROPERTY** is above the limit. If your property decreases, you may reapply. The property limit is \$ _____. Your county worker can tell you how to decrease your property legally.
- ☐ The Social Security Administration (SSA) states you are not eligible for Medicare Part B benefits. Contact your local SSA office for more information.
- ☐ The SSA states you have not paid all or some of your Medicare Part B premiums, so you are no longer eligible for additional QI-2 benefits. This will reduce the amount, if any, of your retroactive QI-2 refund next year.
- ☐ Other reasons: _____

If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22, Section 50258.1:

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MC 229-2 SLMB/QI (1/88)

SECTION NO.:

MANUAL LETTER NO.: 222

DATE: MAY 30 2008 5J-31

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

Negación o Descontinuación de Beneficios como
Beneficiario Declarado de Bajos Ingresos de Medicare
(SLMB) o como Individuo Elegible (QI)

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Negación/Descontinuación para: _____

(Nombre)

SI USTED YA ESTÁ RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Revisamos su solicitud para ver si usted reúne los requisitos para recibir beneficios del Programa de Beneficiarios Declarados de Bajos Ingresos (SLMB), de Individuos Elegibles-1 (QI-1) ó de Individuos Elegibles-2 (QI-2).

Determinamos que:

☐ Usted no reúne los requisitos para el programa de ☐ SLMB, ☐ QI-1, ó ☐ QI-2.

☐ Su elegibilidad para el programa de ☐ SLMB, ☐ QI-1, ó ☐ QI-2 termina el ____/____/____.

Esta es la razón:

☐ Usted no reúne los requisitos para el programa de QI-1 ó QI-2 porque actualmente no reúne los requisitos para recibir Medi-Cal sin parte del costo. Sus primas de la Parte B de Medicare ya se están pagando mensualmente bajo ese programa.

☐ Sus **INGRESOS** están por encima del límite. El límite de ingresos es de _____ dólares. Si sus ingresos disminuyen, usted puede volver a solicitar beneficios.

☐ Sus **BIENES** están por encima del límite. Si sus bienes disminuyen, usted puede volver a solicitar beneficios. El límite de bienes es de _____ dólares. Su trabajador(a) del condado puede decirle cómo reducir sus bienes legalmente.

☐ La Administración del Seguro Social (SSA) indica que usted no reúne los requisitos para recibir beneficios de la Parte B de Medicare. Comuníquese con su oficina local de la SSA para obtener más información.

☐ La SSA indica que usted no ha pagado todas o parte de sus primas de la Parte B de Medicare, así que ya no reúne los requisitos para recibir beneficios adicionales del programa de QI-2. Esto reducirá la cantidad, si hubiera alguna, de su reembolso de beneficios retroactivos del programa de QI-2 el próximo año.

☐ Otras razones: _____

Si usted también solicitó beneficios regulares de Medi-Cal, usted recibirá una notificación por separado sobre ese programa.

La regulación que exige esta acción es la Sección 50258.1, del Título 22, del Código de Regulaciones de California.

MC 239-2 SLMB/QI (SP) (4/99)

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2000

5J-32

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Health and Human Services Agency

Department of Health Services
Medi-Cal Program

Notice Type 18
December 17, 1999



MEDI-CAL NOTICE

Social Security Number: 111-11-1111
Beneficiary ID Number: 34-8D-1111111-1-11

JOHN Q PUBLIC
C/O JANE PUBLIC
11111 MAIN ST
SACRAMENTO CA 95811-1111

APPROVAL FOR QUALIFYING INDIVIDUAL-1 (QI-1) PROGRAM Payment of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-1 (QI-1)
Pago de sus Primas de Medicare Parte B

This notice is to let you know that your Qualifying Individual-1 (QI-1), Medicare Part B premium payments have been approved by the Social Security Administration (SSA) and will be paid by the State effective 01/2000.

Esta Noticia es para avisarle que sus pagos del Programa del Individual-1 Calificado (QI-1), Medicare Primas Parte B, han sido aprobados por Seguro Social Administracion (SSA) y van a ser pagado por el Estado a partir de 01/2000.

THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA, TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

Si usted recibe un cheque de Título II, (SSA) Y está pagando sus primas de Medicare Parte B, usted va a recibir en lo mas pronto un aumento en su SSA Título II cheque que recibe mensualmente. No se olvide que si usted es elegible retroactivamente para el QI-1 programa, es posible que usted recibirá un reembolso de SSA por las Primas de Medicare Parte B que usted ha pagado anteriormente. Va a tomar desde 90 a 120 días para que SSA process un cheque.

If you applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

Si usted aplicó para los beneficios regulares de Medi-Cal, usted va a recibir una noticia separada de ese programa.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

N18FRT

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Health and Human Services Agency

Department of Health Services
Medi-Cal Program

Notice Type 19
December 17, 1999



MEDI-CAL NOTICE

Social Security Number: 111-11-1111
Beneficiary ID Number: 34-8K-1111111-1-11

JOHN Q PUBLIC
C/O JANE PUBLIC
11111 MAIN ST
SACRAMENTO CA 95811-1111

APPROVAL FOR QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAM Reimbursement of a Portion of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-2 (QI-2)
Reembolso de Una porción de sus Primas de Medicare Parte B

This notice is to let you know that you have been approved by the State of California as a Qualifying Individual-2 (QI-2). The State will refund to you by check a portion of the Medicare Part B premiums you paid each month last year.

Esta Noticia es para avisarle que usted está aprobado por el Estado de California como un Individual-2 Calificado (QI-2) beneficiario. El Estado le va a reembolsar un cheque que es una porción de las Primas de Medicare Parte B que usted ha pagado cada mes del año pasado.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUALS APPLICATION

Name		Social Security number		Medicare number		Date
Telephone number ()	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
Address (number, street)		City		State	ZIP code	

This information is to help you apply for the Qualified Low-Income Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual -1 or -2 (QI-1/QI-2) programs. Persons eligible for the QMB program may have the State pay their Medicare Parts A and B premiums, deductibles, and coinsurance fees. Persons eligible for SLMB or QI-1 will have their Medicare Part B premiums paid by the Medi-Cal program. Persons eligible for the QI-2 program will have a portion of their monthly Part B premiums refunded to them in the following year. You may apply for QMB, SLMB, QI-1, or QI-2 by mailing this form to your local county Social Services agency.

To be eligible for QMB, SLMB, QI-1, or QI-2, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
 - **QMB:** Net countable income at 100% of the Federal Poverty Level (FPL) (at \$707* for a single person, or at \$942 for a couple).
 - **SLMB:** Net countable income below 120% of the FPL (below \$844* for a single person, or below \$1,126* for a couple).
 - **QI-1:** Net countable income below 135% of the FPL (below \$947* for a single person, or below \$1,265* for a couple).
 - **QI-2:** Net countable income below 175% of the FPL (below \$1,222* for a single person, or below \$1,633* for a couple).
- Have no more than \$4,000 in nonexempt property for a single person, or \$6,000 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

IMPORTANT: If you or members of your family appear eligible for other Medi-Cal programs, do you wish to apply for them?
☐ Yes ☐ No If yes, you may need to complete other forms.

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY
(ADDRESSES ON BACK SIDE OF THIS FORM)**

* If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in the month of April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. COUNTABLE INCOME

I. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1/QI-2 applicant:

1. Social Security check \$ _____
2. VA benefits \$ _____
3. Interest from bank accounts or certificate(s) of deposit \$ _____
4. Retirement income \$ _____
5. Any other income \$ _____
6. Total UNEARNED INCOME—add lines 1 through 5 \$ _____

II. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

7. Social Security check \$ _____
8. VA benefits \$ _____
9. Interest from bank accounts or certificate(s) of deposit \$ _____
10. Any other income \$ _____
11. Retirement income \$ _____
12. Total SPOUSE'S UNEARNED INCOME—add lines 7 through 11 \$ _____

III. Fill in the MONTHLY earned income received by the QMB/SLMB/QI-1/QI-2 applicant and spouse:

13. Gross earnings for the person who wants to be a QMB, SLMB, QI-1, or QI-2 \$ _____
14. Gross earnings for the spouse \$ _____
15. Total—add lines 13 and 14 \$ _____
16. Subtract \$65 \$ _____
17. Remainder \$ _____
18. Divide by 2 \$ _____
19. Total EARNED INCOME—add lines 6, 12, and 18 \$ _____

IV. Potential QMB, SLMB, QI-1, or QI-2 eligibles:

(If you have a child in the home, these amounts may be higher.)

- ☐ You are potentially eligible as a QMB if your income is at 100% of the FPL (at \$707 for a single person, or at \$942 for a couple).
- ☐ You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$844 for a single person, or below \$1,126 for a couple).
- ☐ You are potentially eligible as a QI-1 if your income is below 135% of FPL (below \$947 for a single person, or below \$1,265 for a couple).
- ☐ You are potentially eligible as a QI-2 if your income is below 175% of FPL (below \$1,222 for a single person, or below \$1,633 for a couple).

COUNTY USE

Applicant's
unearned
income
(line 6): \$ _____

Spouse's
unearned
income
(line 12) + _____

Any
income
deduction - _____

Net
unearned
income _____

Net
earned
income
(line 19) + _____

Total
net income _____

MFBU size _____

Compare to
QMB/SLMB/QI-1/QI-2
income limit.

If over income limit, is there
a spouse and/or children in
the home? Complete the
MC 176-2 A QMB/SLMB/QI
form.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. PROPERTY

A QMB, SLMB, QI-1, or QI-2 who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4,000. A QMB, SLMB, QI-1, or QI-2 who is married and living with his/her spouse must have countable property which is equal to or less than \$6,000.

The following gives examples of countable property. **Important:** The home you and/or a spouse live in does *not* count. One car used for transportation does *not* count. If you apply at the county welfare department as a QMB, SLMB, QI-1, or QI-2, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department, i.e., certificates of deposit. This other property may or may not count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- | | |
|---|------------|
| 1. Checking accounts | \$ _____ |
| 2. Savings accounts | \$ _____ |
| 3. Certificate(s) of deposit | \$ _____ |
| 4. Stocks | \$ _____ |
| 5. Bonds | \$ _____ |
| 6. A second car (value minus amount owed) | \$ _____ |
| 7. A second home (value minus amount owed) | \$ _____ |
| 8. The cash surrender value of life insurance policies if the face value of <i>all</i> policies combined exceeds \$1,500 (Do not include "term" insurance policies) | \$ _____ |
| 9. Total PROPERTY—add lines 1 through 8 | **\$ _____ |

COUNTY USE

** This total cannot exceed \$4,000 for a single person or \$6,000 for a couple.

Additional information: You may be eligible for up to three months of retroactive coverage of your Medicare Part B premiums.

NOTE: A QMB, SLMB, QI-1, or QI-2 must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 55 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.

Signature (or mark) of applicant

Date

➤

COUNTY USE

☐ QMB approved ☐ SLMB approved ☐ QI-1 approved ☐ QI-2 approved ☐ QMB/SLMB/QI-1/QI-2 denied

Eligibility Worker's signature

Date

➤

Privacy Statement

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get all or some of your Medicare Part B premiums paid by Medi-Cal. Failure to provide necessary facts can result in Medi-Cal benefits being denied.

The information will be used:

1. By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
2. By Electronic Data Systems (EDS) to process claims and make Benefits Identification Cards (BICs) for Medi-Cal benefits.
3. By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-In and Social Security numbers (SSNs).
4. To verify alien status with the U.S. Immigration and Naturalization Service (INS) only for aliens who claim to be lawfully admitted for permanent residence or permanently residing in the U.S. under color of law (PRUCOL) or amnesty aliens with a valid and current I-688 card. The information the INS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
5. By medical services providers and health maintenance organizations to certify eligibility.
6. To identify health insurance coverage and take recovery actions.

The information you provide will be kept confidential. For more information or to access your records, contact your local county Social Services agency or the Social Security Administration.

MC 14 A (4/99)

Page 3 of 3

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2000 5J-37

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail Completed Form to your County Listed Below:

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**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI)/
QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST**

01	ALAMEDA COUNTY Social Services Agency SLMB/QI/QMB Program 7751 Edgewater Drive Oakland, CA 94621 (510) 383-8749	08	DEL NORTE COUNTY Welfare Department SLMB/QI/QMB Program 981 H Street Crescent City, CA 95531 (707) 464-3191	16	KINGS COUNTY Human Services Agency SLMB/QI/QMB Program 1200 South Drive Hanford, CA 93230 (209) 582-3241 Ext. 4280
02	ALPINE COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 277 14810 Highway 89 Markleeville, CA 96120 (530) 694-2235	09	EL DORADO COUNTY Dept. of Social Services SLMB/QI/QMB Program 3057 Briw Road Placerville, CA 95667 (530) 642-7159	17	LAKE COUNTY Dept. of Social Services SLMB/QI/QMB Program 15975 Anderson Ranch Pkw. P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4200
03	AMADOR COUNTY Dept. of Social Services SLMB/QI/QMB Program 1003 Broadway Jackson, CA 95642 (209) 223-6621	10	FRESNO COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 1912 Fresno, CA 93750 (209) 453-6469	18	LASSEN COUNTY Dept. of Social Welfare SLMB/QI/QMB Program 720 Richmond Road P.O. Box 1359 Susanville, CA 96130 (530) 257-8311 Ext. 157
04	BUTTE COUNTY Dept. of Social Welfare SLMB/QI/QMB Program 42 County Center Drive P.O. Box 1649 Oroville, CA 95965 (530) 538-7573	11	GLENN COUNTY Human Resources Agcy. SLMB/QI/QMB Program 420 E. Laurel Street P.O. Box 611 Willows, CA 95988 (530) 934-6514	19	LOS ANGELES COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program P.O. Box 91503 City of Industry, CA 91715-1503 (877) 597-4777
05	CALAVERAS COUNTY Social Welfare Department SLMB/QI/QMB Program Government Center 891 Mtn. Ranch Road San Andreas, CA 95249 (209) 754-6444	12	HUMBOLDT COUNTY Dept. of Social Services SLMB/QI/QMB Program 929 Koster Street Eureka, CA 95501 (707) 445-7706	20	MADERA COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 569 Madera, CA 93639 (559) 662-8391
06	COLUSA COUNTY Hlth. and Human Svcs. SLMB/QI/QMB Program 251 East Webster P.O. Box 370 Colusa, CA 95932 (530) 458-0265	13	IMPERIAL COUNTY Dept. of Social Services SLMB/QI/QMB Program 2995 S. Fourth St., Ste. 105 El Centro, CA 92243 (760) 337-7408	21	MARIN COUNTY Dept. of Hlth & Hum Svcs SLMB/QI/QMB Program 3501 Civic Center Branch P.O. Box 4160 San Rafael, CA 94913 (415) 499-7089
07	CONTRA COSTA Social Services Dept. SLMB/QI/QMB Program 40 Douglas Drive Martinez, CA 94553 (925) 313-1545	14	INYO COUNTY Dept. of Social Services SLMB/QI/QMB Program 162A Grove Street Bishop, CA 93514 (760) 872-1394	22	MARIPOSA COUNTY Dept. of Human Services Social Services Division SLMB/QI/QMB Program 5186 Highway 49 North P.O. Box 7 Mariposa, CA 95338 (209) 966-3609
		15	KERN COUNTY Dept. of Human Services SLMB/QI/QMB Program 100 E. California Avenue Bakersfield, CA 93307 (805) 631-6186		

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail Completed Form to your County Listed Below:

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SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/ QUALIFYING INDIVIDUAL (QI)/ QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST

23	MENDOCINO COUNTY Dept. of Social Services SLMB/QI/QMB Program 747 South State Street P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 Ext. 173	31	PLACER COUNTY County Welfare Dept. SLMB/QI/QMB Program 11519 B Avenue Auburn, CA 95603 (800) 889-7610 (Toll-Free)	39	SAN JOAQUIN COUNTY Human Services Agency SLMB/QI/QMB Program 333 East Washington P.O. Box 201056 Stockton, CA 95201 (209) 468-1453
24	MERCED COUNTY Human Services Agency SLMB/QI/QMB Program P.O. Box 112 Merced, CA 95341 (209) 385-3000 Ext. 5354	32	PLUMAS COUNTY Dept. of Social Services SLMB/QI/QMB Program 270 County Hospital Road Room 207 Quincy, CA 95971 (530) 283-6350	40	SAN LUIS OBISPO CTY. Dept. of Social Services SLMB/QI/QMB Program P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1885
25	MODOC COUNTY Dept. of Social Services SLMB/QI/QMB Program 120 North Main Street Alturas, CA 96101 (530) 233-6501	33	RIVERSIDE COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 1605 Spruce Street Riverside, CA 92507 (909) 358-3044 (Call local Dept. of Soc. Svcs.)	41	SAN MATEO COUNTY Human Services Agency SLMB/QI/QMB Program 400 Harbor Boulevard, Bldg. C Belmont, CA 94002 (650) 595-7500
26	MONO COUNTY Dept. of Social Welfare SLMB/QI/QMB Program P.O. Box 576 Bridgeport, CA 93517 (619) 932-7291	34	SACRAMENTO COUNTY Dept. of Human Assistance SLMB/QI/QMB Program 1725 28th Street Sacramento, CA 95816 (916) 874-2580	42	SANTA BARBARA CNTY Dept. of Social Services SLMB/QI/QMB Program 1100 West Laurel Avenue Lompoc, CA 93436 (805) 737-7056
27	MONTEREY COUNTY Dept. of Social Services SLMB/QI/QMB Program 1000 S. Main St., Ste. 208 Salinas, CA 93901 (831) 755-4407	35	SAN BENITO COUNTY Human Services Agency SLMB/QI/QMB Program 1111 San Felipe Rd. #206 Hollister, CA 95023 (831) 637-5336	43	SANTA CLARA COUNTY Social Services Agency SLMB/QI/QMB Program 1919 Senter Road San Jose, CA 95112 (408) 271-5500
28	NAPA COUNTY Health and Human Svcs. SLMB/QI/QMB Program 2261 Elm Street Napa, CA 94558 (707) 253-4106	36	SAN BERNARDINO CTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 150 South Lena Road San Bernardino, CA 92415-0515 (Call local Dept. of Social Svcs.)	44	SANTA CRUZ COUNTY Human Resources Agency SLMB/QI/QMB Program 1320 Emeline Street P.O. Box 1320 Santa Cruz, CA 95061 (831) 454-4142
29	NEVADA COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 950 Maidu Avenue P.O. Box 1210 Nevada City, CA 95959 (530) 265-1635	37	SAN DIEGO COUNTY Dept. of Social Services SLMB/QI/QMB Program 7947 Mission Center Ct. San Diego, CA 92108 (619) 531-6293	45	SHASTA COUNTY Dept. of Social Services SLMB/QI/QMB Program 2460 Brestlauer Way P.O. Box 496005 Redding, CA 96049 (530) 225-5596
30	ORANGE COUNTY Social Services Agency SLMB/QI/QMB Program P.O. Box 1772 Santa Ana, CA 92702-1772 (714) 541-7700	38	SAN FRANCISCO CNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 7988 San Francisco, CA 94120 (415) 558-1855		

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail Completed Form to your County Listed Below:

Page 3(a)

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI)/
QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST**

46	SIERRA COUNTY Human Services SLMB/QI/QMB Program 202 Front Street P.O. Box 1019 Loyalton, CA 96118 (530) 993-6720	50	STANISLAUS COUNTY Community Services Agency SLMB/QI/QMB Program P.O. Box 42 Modesto, CA 95353 (209) 558-2690	54	TULARE COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 5957 S. Mooney Blvd. P.O. Box 671 Visalia, CA 93277 (209) 737-4660 Ext. 2106
47	SISKIYOU COUNTY Human Services SLMB/QI/QMB Program 818 So. Main Yreka, CA 96097 (530) 841-2724	51	SUTTER COUNTY Welfare & Social Svcs. SLMB/QI/QMB Program 190 Garden Highway P.O. Box 1535 Yuba, CA 95992-1535 (530) 822-7230 Ext. 220	55	TUOLUMNE COUNTY Dept. of Social Services SLMB/QI/QMB Program 20075 Cedar Road North Sonora, CA 95370 (209) 533-5725
48	SOLANO COUNTY Public Welfare Dept. SLMB/QI/QMB Program P.O. Box 5050 Fairfield, CA 94533 (707) 553-5144	52	TEHAMA COUNTY Dept. of Social Welfare SLMB/QI/QMB Program P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4095	56	VENTURA COUNTY Public Soc. Svcs. Agency SLMB/QI/QMB Program 505 Poli Street Ventura, CA 93001 (805) 652-7815
49	SONOMA COUNTY Social Services Dept. SLMB/QI/QMB Program 520 Mendocino Avenue P.O. Box 1539 Santa Rosa, CA 95402 (707) 565-5200	53	TRINITY COUNTY Dept. of Hlth & Hum Svcs SLMB/QI/QMB Program P.O. Box 1470 Weaverville, CA 96093 (530) 623-8236	57	YOLO COUNTY Dept. of Social Services SLMB/QI/QMB Program 500 A Jefferson Boulevard Suite 100 West Sacramento, CA 95605 (916) 375-6214
				58	YUBA COUNTY County Welfare Dept. SLMB/QI/QMB Program P.O. Box 2320 Marysville, CA 95901 (530) 749-6311

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

SOLICITUD PARA BENEFICIARIOS ESPECÍFICOS DE BAJOS INGRESOS DE MEDICARE (SLMB) E INDIVIDUOS ELEGIBLES (QI)

Nombre		Número del Seguro Social	Número de teléfono ()	Fecha
Fecha de nacimiento	Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Estado civil <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Casado(a) <input type="checkbox"/> Soltero(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> Divorciado(a)		
Dirección(número, calle)		Ciudad	Estado	Zona postal

Esta información es para ayudarle a solicitar beneficios del Programa de Beneficiarios Específicos de Bajos Ingresos de Medicare (*Specified Low-Income Medicare Beneficiary—SLMB*) o del de Individuos Elegibles 1 ó 2 (*Qualifying Individual 1 or 2—QI-1/QI-2*). El programa de Medi-Cal pagará las primas de la Parte B de Medicare a las personas elegibles como *SLMB* o *QI-1*. A las personas elegibles para el programa *QI-2* se les reembolsará una parte de sus primas de la Parte B en enero del año siguiente. Usted puede solicitar beneficios como *SLMB*, *QI-1* ó *QI-2* enviando este formulario a su agencia local de Servicios Sociales del condado.

Para reunir los requisitos como *SLMB*, *QI-1* ó *QI-2*, usted tiene que:

- Ser elegible para la Parte A de Medicare (seguro de hospital).
- Ser elegible para la Parte B de Medicare (seguro médico).
- Satisfacer los requisitos de ingresos a continuación:
 - **SLMB:** Ingresos contables netos por debajo del 120 por ciento (%) del nivel federal de pobreza (*Federal Poverty Level—FPL*) (menos de \$825* para una persona soltera, o menos de \$1,105* para una pareja).
 - **QI-1:**** Ingresos contables netos por debajo del 135 por ciento (%) del *FPL* (menos de \$926* para una persona soltera o menos de \$1,241* para una pareja).
 - **QI-2:**** Ingresos contables netos por debajo del 175 por ciento (%) del *FPL* (menos de \$1,194* para una persona soltera, o menos de \$1,603* para una pareja).
- Poseer bienes no exentos por valor de un máximo de \$4,000 para una persona soltera, o \$6,000 para una pareja.
- Satisfacer otros requisitos y condiciones, como por ejemplo el ser residente de California.

Enumere todas las personas que viven en su hogar (cónyuge/hijos). Si más de tres personas viven con usted, puede enumerarlos en una hoja por separado.

Nombre	Número del Seguro Social	Sexo M=Masculino F=Femenino	Fecha de Nacimiento	Parentesco con Ud.

IMPORTANTE: Si usted o miembros de su familia aparentemente son elegibles para otros programas de Medi-Cal, ¿desea solicitar los beneficios?

☐ Sí ☐ No Si es así, es posible que necesite llenar otros formularios.

ENVÍE POR CORREO EL FORMULARIO COMPLETO A SU AGENCIA DE SERVICIOS SOCIALES DEL CONDADO.

- * Si un(a) niño(a) vive con usted en su hogar, estas cantidades podrían ser mayores. Se espera que estas cantidades aumenten cada año en el mes de abril. Si en enero recibió un ajuste del costo de vida del Título II del Seguro Social, esta cantidad no se tomará en cuenta hasta abril.
- ** Los *QI-1* y *QI-2* que tienen beneficios de Medi-Cal con una parte del costo sólo pueden ser elegibles para este programa durante los meses en que *no* hayan cumplido con su parte del costo.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. INGRESOS CONTABLES

I. Anote las cantidades MENSUALES de la persona que desea ser *SLMB*, *QI-1* ó *QI-2*

- | | |
|--|----------|
| 1. Cheque del Seguro Social | \$ _____ |
| 2. Beneficios de la VA (Administración de Veteranos) | \$ _____ |
| 3. Intereses de cuentas bancarias o certificado(s) de depósito | \$ _____ |
| 4. Pensión de jubilación | \$ _____ |
| 5. Cualquier otro ingreso | \$ _____ |
| 6. Total—Sume las líneas 1 a 5 | \$ _____ |

II. Si está casado(a) y vive con su cónyuge, anote las siguientes cantidades MENSUALES de su cónyuge, aun cuando él/ella también quiere ser *SLMB*, *QI-1* ó *QI-2*

- | | |
|--|----------|
| 7. Cheque del Seguro Social | \$ _____ |
| 8. Beneficios de la VA (Administración de Veteranos) | \$ _____ |
| 9. Intereses de cuentas bancarias o certificado(s) de depósito | \$ _____ |
| 10. Cualquier otro ingreso | \$ _____ |
| 11. Pensión de jubilación | \$ _____ |
| 12. Total—Sume las líneas 7 a 11 | \$ _____ |

III. Anote las cantidades MENSUALES de la persona en la sección I y, si está casada, las del cónyuge en la sección II.

- | | |
|--|----------|
| 13. Ingresos brutos de la persona que quiere ser <i>SLMB</i> , <i>QI-1</i> ó <i>QI-2</i> | \$ _____ |
| 14. Ingresos brutos del cónyuge | \$ _____ |
| 15. Total—Sume las líneas 13 y 14 | \$ _____ |
| 16. Reste \$65 | \$ _____ |
| 17. Saldo | \$ _____ |
| 18. Divida entre 2 | \$ _____ |
| 19. Total—Sume las líneas 6, 12 y 18 | \$ _____ |

IV. Posibles personas elegibles como *SLMB*, *QI-1* ó *QI-2*

(Si un(a) niño(a) vive en su hogar, es posible que estas cantidades sean mayores).

- ☐ Posiblemente usted sea elegible como *SLMB* si sus ingresos están por debajo del 120 por ciento del *FPL* (menos de \$825 para una persona soltera, o menos de \$1,105 para una pareja).
- ☐ Posiblemente usted sea elegible como *QI-1* si sus ingresos están por debajo del 135 por ciento del *FPL* (menos de \$926 para una persona soltera, o menos de \$1,241 para una pareja).
- ☐ Posiblemente usted sea elegible como *QI-2* si sus ingresos están por debajo del 175 por ciento del *FPL* (menos de \$1,194 para una persona soltera, o menos de \$1,603 para una pareja).

COUNTY USE

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. BIENES

Un(a) *SLMB, QI-1* ó *QI-2* que no esté casado(a) o que no viva con su cónyuge debe tener bienes contables de un valor equivalente o menor de \$4,000. Un(a) *SLMB, QI-1* ó *QI-2* que esté casado(a) y que viva con su cónyuge debe tener bienes contables equivalentes o menores de \$6,000.

A continuación se le proporcionan ejemplos de bienes contables. **Importante:** La casa en que usted y/o su cónyuge vive(n) no cuenta. El automóvil usado como transporte **tampoco** cuenta. Si usted solicita beneficios del departamento de asistencia pública del condado como *SLMB, QI-1* ó *QI-2*, es posible que el condado considere los bienes enumerados en este formulario de manera diferente. Existen otra clase de bienes que el departamento de asistencia pública del condado también tendrá en cuenta. Estos otros bienes pueden contar o no en lo referente al límite de bienes.

Anote el valor de los siguientes bienes que le pertenezcan a usted, a su cónyuge o a ambos.

- | | | |
|---|------|-------|
| 1. Cuentas corrientes | \$ | _____ |
| 2. Cuentas de ahorros | \$ | _____ |
| 3. Certificado(s) de depósito | \$ | _____ |
| 4. Acciones o valores | \$ | _____ |
| 5. Bonos u obligaciones | \$ | _____ |
| 6. Un segundo automóvil (valor menos la cantidad que aún debe) | \$ | _____ |
| 7. Una segunda casa (valor menos la cantidad que aún debe) | \$ | _____ |
| 8. El valor de rescate en efectivo de las pólizas de seguro de vida, si el valor combinado de todas las pólizas de seguro excede los \$1500. (No incluya las pólizas de seguro "a plazos") | \$ | _____ |
| 9. Total—Sume las líneas 1 a 8 | **\$ | _____ |

COUNTY USE

** Este total no puede exceder los \$4,000 si para una persona soltera, o los \$6,000 para una pareja.

Información adicional: Es posible que usted sea elegible para recibir hasta tres meses de cobertura retroactiva de sus primas de la Parte B de Medicare.

NOTA: Un(a) *SLMB, QI-1*, ó *QI-2* debe cumplir con ciertas condiciones de Medi-Cal. Por ejemplo, bajo ciertas condiciones, aquellos beneficios de Medi-Cal recibidos por un beneficiario después de los 55 años de edad son recuperables por el Estado, después del fallecimiento del mismo. La recuperación se puede hacer, ya sea de los bienes del beneficiario de Medi-Cal o de su distribuidor(a) o heredero(a), si al beneficiario no le sobrevive(n) su cónyuge, hijos menores o un(a) hijo(a) totalmente incapacitado(a).

Declaro bajo pena de perjurio, conforme a las leyes de los Estados Unidos de Norteamérica y del Estado de California, que la información que he proporcionado en este formulario es verdadera, correcta y completa.

Firma (o marca) del solicitante

Fecha

COUNTY USE ☐ *SLMB approved* ☐ *QI-1 approved* ☐ *QI-2 approved* ☐ *SLMB/QI-1/QI-2 denied*

Firma del/de la Trabajador(a) de Elegibilidad

Fecha

Declaración sobre la Privacidad

Las secciones 14011 y 14012 del Código de Instituciones y Asistencia Pública le permiten obtener a los departamentos de asistencia pública del condado cierta información de usted para decidir si usted, o las personas que usted representa, pueden obtener beneficios de Medi-Cal. Usted tiene que proporcionar estos datos para que Medi-Cal le pague todas o algunas primas de su Parte B de Medicare. El no proporcionar los datos necesarios puede resultar en la negación de beneficios de Medi-Cal.

La información la utilizará(n):

1. El Departamento de asistencia pública del condado, para establecer su elegibilidad de Medi-Cal por primera vez y de manera continua.
2. Los Sistemas de Información Electrónica (EDS), para tramitar reclamaciones y hacer Tarjetas de Identificación de Beneficios (BICs) para beneficios de Medi-Cal.
3. El Departamento de Servicios Humanos y de Salud de los Estados Unidos, para llevar a cabo auditorías y revisiones de control de calidad, y verificar números de Seguro Social (SSNs) o números asignados a Beneficiarios de Medicare cuando su cobertura sea más barata para el estado (*Buy-In*).
4. El Servicio de Inmigración y Naturalización (INS) para verificar el estado de un extranjero en los Estados Unidos, sólo para aquellos extranjeros que aseguran haber sido admitidos legalmente como residentes legales, o que residen permanentemente en los Estados Unidos, de manera legal aparente, bajo *PRUCOL*, o extranjeros con amnistía con tarjeta actual y válida No. I-688. La información que el INS reciba sólo se puede usar para determinar la elegibilidad de Medi-Cal, y no se puede utilizar para hacer cumplir las leyes de inmigración, a menos que usted cometa fraude.
5. Los proveedores de servicios médicos y organizaciones para la conservación de la salud (HMOs) para certificar su elegibilidad.
6. Para verificar la cobertura de seguro médico y para efectuar acciones de recuperación.

La información que usted proporcione se mantendrá de manera confidencial. Para más información o para tener acceso a sus expedientes, comuníquese con su agencia local de Servicios Sociales de su condado o con la Administración del Seguro Social.

MEDI-CAL
NOTICE OF ACTION
Approval For Benefits as a
Specified Low-Income Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare Beneficiary (SLMB) program.

We determined that:

- ☐ Beginning ____/____/____, you are eligible for the Medi-Cal program to pay your Medicare Part B premiums. If you are currently paying Medicare premiums, please allow 3-4 months from the time you are eligible as a SLMB for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may receive a refund from the SSA based on its records.
- ☐ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22, Sections _____.

(Eligibility Worker)_____
(Phone)_____
(Dated)

**NOTIFICACION DE ACCION
DE MEDI-CAL****Aprobación para Beneficios como
Beneficiario Especificado de
Medicare de Bajos Ingresos**

(Sello del Condado)

No. del Estado: _____

Distrito: _____

**SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS
BENEFICIOS.**

Hemos revisado su solicitud para determinar si usted reúne los requisitos para un programa nuevo que se llama Beneficiario Especificado de Medicare de Bajos Ingresos (SLMB).

Hemos determinado que:

- ☐ A partir del ____/____/____, usted reúne los requisitos para que el programa de Medi-Cal pague las primas de la Parte B de Medicare. Si usted actualmente está pagando las primas de Medicare, por favor tenga en cuenta que podrán transcurrir de 3 a 4 meses de la fecha en que se determina que usted reúne los requisitos como un SLMB para que la Administración del Seguro Social (SSA) ya no le descuente el costo de estas primas de su cheque del Seguro Social. Posiblemente reciba un reembolso si existe un saldo a su favor en los registros de la SSA.
- ☐ Si usted solicitó beneficios normales de Medi-Cal, recibirá notificación por separado.

Los ordenamientos que requieren esta acción, son las secciones _____ del Título 22 del Código de Ordenamientos de California.

(Trabajador(a) de Elegibilidad)_____
(Teléfono)_____
(Fecha)

(County Stamp)

**MEDI-CAL
NOTICE OF ACTION**
Denial or Discontinuance of Benefits as a
Specified Low-Income Medicare Beneficiary

Case No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THESE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare Beneficiary (SLMB) program.

We determined that:

- ☐ You are not eligible for the SLMB program.
- ☐ Your eligibility for the SLMB program ends ____/____/____.

Here is why:

- ☐ Your _____ is above the limit. If you have Part A Medicare and should your
income/property decrease, you may reapply. The limit is \$ _____. The income
income/property limit may rise in future years.
- ☐ The Social Security Administration states you are not eligible for Medicare Part B. Contact your local SSA office for more information.
- ☐ Other reasons _____
- ☐ You are not eligible for the regular Medi-Cal program because: _____
- ☐ If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____

(Eligibility Worker)_____
(Phone)_____
(Dated)

(Sello del Condado)

District: _____

MC 228 SLMB-2 (SP) (1082)

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W & I Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known): _____

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature: _____

Date: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5K--PERCENT PROGRAMS

The following are the zero share-of-cost (SOC) Percent programs for pregnant women, infants, and children:

A. CHRONOLOGICAL EXPLANATION AND BACKGROUND

1. 185 Percent Program

SB 2579 amended Section 14148 of the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to adopt the federal Medicaid option (which is now mandatory) available under the Omnibus Budget Reconciliation Act (OBRA) of 1987 to extend Medi-Cal eligibility to all otherwise eligible pregnant women and infants up to the age of one year whose family income does not exceed 185 percent of the federal poverty level (FPL). This program was implemented on July 1, 1989 and ended in February 1994 when it was incorporated into the Income Disregard Program.

2. 200 Percent Program

AB 75 allocated funds from the Cigarette and Tobacco Tax (Proposition 99) to provide a state-only program for otherwise eligible pregnant women and infants up to one year old whose family income exceeds 185 percent but not in excess of 200 percent of the FPL. Assets (property) limits were also waived. This program was implemented January 1, 1990, retroactive to October 1, 1989 and ended in February 1994 when it was incorporated into the Income Disregard program. Assets were disregarded in the 200 Percent Program on January 1, 1992, but only for those persons with income between 185 and 200 percent. The Asset Waiver program continues under the Income Disregard Program. For information on the waiver of assets, see Article 5F of this manual.

3. Income Disregard (Percent) Program

SB 35 amended Section 14148 of the W&I Code to provide an income disregard for pregnant women and infants in the 185 and 200 Percent programs effective February 1, 1994. This resulted in more persons being eligible for the 185 Percent program and allowed the DHS to claim federal financial participation for those persons who were only eligible for the state-only 200 Percent program. The amount of the income disregard is the difference between 200 and 185 percent of the FPL for the family size. Instead of calculating the amount of the income disregard and deducting it from "net" nonexempt income and comparing the remainder to the appropriate 185 percent of the FPL, counties will achieve the same results by comparing the net income to 200 percent of the FPL. Assets are also waived under this program. Effective June 19, 2003, retroactive to January 1, 2002, the Parental Income Disregard Provision disregards all income of the pregnant minor's parents if the minor is living in the home or is between the ages of 18 to 21 and is claimed by the parent(s) as a tax dependent and would be ineligible without this provision.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. 133 Percent Program

Section 6401 of OBRA 1989 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age one but have not attained age 6 and whose family income does not exceed 133 percent of the FPL. This program was implemented June 1990, retroactive to April 1, 1990. Effective March 1, 1998, property is disregarded under this program pursuant to SB 903 (Chapter 624, Statutes of 1997)

5. 100 Percent Program

Section 4601 of OBRA 1990 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age 6, were born after September 30, 1983, but who have not attained age 19. The family income may not exceed 100 percent of the FPL. This program was implemented November 1, 1991, retroactive to July 1, 1991. Section 4732 of the Balanced Budget Reconciliation Act of 1997 amended federal law to allow states the option of choosing an earlier date of birth than September 30, 1983. On October 3, 1997, State law (SB 903) added Section 14005.23 of the W&I Code (Chapter 624) to allow persons who have not yet attained age 19 but born prior to September 30, 1983, to be added to the 100 Percent program. Implementation begins on March 1, 1998. This bill also disregarded property for this program.

B. AID CODES AND BENEFITS

	Aid Code	Benefits/Status of Person
1.	Income Disregard (Percent) Program	
	44	Pregnancy related and Postpartum Services Only
	48	Pregnancy Related and Postpartum Services Only (unsatisfactory immigration status)
	47	Full benefits to infants up to one year unless continuously hospitalized beyond one year
	69	Emergency Services Only to infants up to one year unless continuously hospitalized beyond one year
2.	133 Percent Program	
	72	Full benefits to children age 1 up to age 6 unless continuously hospitalized beyond age 6.
	8P	Full benefits to children age 1 up to age 6 with excess property unless continuously hospitalized beyond age 6.
	74	Emergency services only to children age one up to age 6 unless continuously hospitalized beyond age 6.

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	8N	Emergency services only to children age one up to age 6 with excess property unless continuously hospitalized beyond age 6.
3.	100 Percent Program	
	7A	Full benefits to persons age 6 up to age 19 unless continuously hospitalized beyond age 19.
	8R	Full benefits to persons age 6 up to age 19 with excess property unless continuously hospitalized beyond age 19.
	7C	Emergency Services Only to persons age 6 to 19 unless continuously hospitalized beyond age 19.
	8T	Emergency Services Only to persons age 6 to 19 with excess property unless continuously hospitalized beyond age 19.

NOTE: See Article 5F in this manual for more information on the excess property aid codes.

C. PERIOD OF ELIGIBILITY

1. **Pregnant Women (200 Percent Income Disregard):** Eligibility begins the first day of the month for which pregnancy is verified and continues through the 60-day period beginning on the last day of pregnancy and ending on the last day of the month in which the 60th day occurs.
 2. **Infants (200 Percent Income Disregard):** Eligibility begins at birth and continues to age 1, if otherwise eligible. (See Exception below).
 3. **Children Ages 1 to 6 (133%)** Eligibility begins at age 1 and continues up to age 6, if otherwise eligible. (See Exception below).
- Persons Ages 6 to 19 (100%)** Eligibility begins at age 6 and continues up to age 19, if otherwise eligible. (See Exception below).

EXCEPTION: Inpatient Services

An infant or child who is receiving inpatient medical services during a continuous period which began before and continues beyond his/her ending period (birthday) will continue to be eligible until the end of the continuous inpatient period if otherwise eligible.

NOTE: If a child or infant is eligible for a higher percent program in the month he/she becomes one or six, determine or continue eligibility for the higher program for that month.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

D. ELIGIBILITY DETERMINATION

1. Counties should evaluate Medi-Cal applicants for the Section 1931(b) program (See Article 5S and 8G) prior to determining eligibility for the MN program. If the applicants are not eligible for Section 1931(b), have a share of cost in the MN/MI program, or have not provided information about their property, the children and/or pregnant woman should be evaluated for the Percent programs. **For purposes of illustrating the percent program, the examples in sections D and E assume the family is ineligible for the section 1931(b) program.**

MFBU Has No SOC

If the eligible family's net nonexempt income is at or below the MN or MI maintenance need level and there is no SOC, there is no need for the Percent programs.

MFBU Has a SOC and *Sneed* Procedures Do Not Apply

Any pregnant woman, infant, or child who would have a SOC under the MI/MN program shall be considered for potential eligibility under the Percent programs.

- A. Determine the number of persons in the MFBU.
- B. Determine the family's net nonexempt income as specified under family income determination below.
- C. Compare to the appropriate Percent program limit for the number of persons in A.
- D. If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.
- E. If the MFBU contains a pregnant minor mother who is living with her senior parent(s) and the family's net nonexempt income is above the 200 percent Income Disregard Program limits, disregard the income of the parent(s) and reevaluate her eligibility based on a family size of two (pregnant woman and unborn). If she also has a born child or spouse living in the home, include them in the MFBU.

MFBU Has a SOC and *Sneed* Procedures Apply For the Income Determination

If *Sneed* procedures apply to the income determination, the MFBU already has been broken down into mini budget units (MBUs). If the MBU which contains the potential Percent program eligible has no SOC, report the individual to the Medi-Cal Eligibility Data System (MEDS) under the appropriate regular aid code with a zero SOC. If the MBU has a SOC, the pregnant woman, infant, or child shall be considered for Percent program eligibility.

- A. Determine the number of people in the MFBU.
- B. Determine the potential Percent program eligible's net nonexempt income as follows:
 - (1) Use the rules described below under family income determination to determine net nonexempt income.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- (2) Consider only the potential eligible's own net nonexempt income and that of his/her parent/spouse if they are in the MFBU. Note: If the child has his/her own income and property (is in his/her own MBU), that income/property is never used to determine his/her parent's or sibling's Percent program eligibility.
- (3) Compare the total net nonexempt income to the appropriate Percent program limit for the number of persons in (A).
- (4) If the family's net nonexempt income exceeds the FPL, no eligibility exists under the poverty level programs. Compute the SOC for the regular MI/MN program.
- (5) If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.
- (6) If the MFBU contains a pregnant minor mother who is living with her senior parent(s) and the family's net nonexempt income is above the 200 percent Income Disregard Program limits, apply the parental income disregard provision in determining the pregnant minor's eligibility for the Income Disregard Program. That is, disregard the income of the parent(s) and reevaluate her eligibility based on a family size of the pregnant minor and her unborn(s), e.g., two (pregnant woman and unborn) or three (if a pregnant minor and the unborn are twins). If she also has a born child or spouse living in the home, include them in the MFBU. NOTE: A pregnant woman in her last trimester with a deprived unborn may be eligible for Section 1931(b) as an adult if she is 18 and not enrolled in school.

Note: Since no income from the pregnant minor's parent(s) is counted, if the pregnant minor's parent applies for her and provides the necessary information about the minor but refuses to provide his/her income or information about himself/herself, counties may make the determination without it. This sometimes occurs when the minor is married and living in the home of the senior parent because the parent considers the child to be an adult.

2. Family Income Determination

- o The allowable income deductions for Aid to Families with Dependent Children-Medically Needy (AFDC-MN) families shall be considered for potential eligibility, e.g., child support disregard, \$90 work related expenses, child care paid, court ordered alimony or child support paid, the excluded child allocation, income used to determine Public Assistance (PA), and the allocation to the Supplemental Security Income (SSI) or In-Home Supportive Services (IHSS) recipient.
- o Health insurance premiums are not allowable deductions from the gross income when computing the adjusted net nonexempt family income.

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- o Deductions which are solely applicable to those who are Aged, Blind or Disabled (ABD) are not allowable deductions nor are medical expenses paid to reduce another family member's share-of-cost.
- o The Social Security Title II Cost of Living Adjustment (COLA) in January shall not be included until the effective date of that year's FPL.

EXAMPLES

NOTE: *The FPL limits and parental needs deductions are subject to change. For purposes of these examples, assume they are correct.*

Example A: Regular MI/MN SOC Program -Sneede procedures do not apply

MFBU - MN	Person	Income	SOC Determination
Married unemployed dad	Tom	\$1,467	\$1,467 net nonexempt income
Married pregnant mom	Robyn	\$ 0	- 40 health insurance
Unborn	-----	\$ 0	\$1,427 net nonexempt
3-month-old	Matthew	\$ 0	- 1,417 MN limit for 6
5-year-old	Ryan	\$ 0	\$ 10 SOC
7-year-old	Bob	\$ 0	

Since the family has a SOC, Robyn, Matthew, Ryan, and Bob will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the eligibility worker (EW) will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,427 net nonexempt income under regular Medi-Cal
+ 40 health insurance premium
\$1,467 adjusted net nonexempt income

1. Compare to 100 percent of the FPL for 6 persons: \$2,057 (effective April 2003). Bob is eligible for the 100 Percent Program.
2. Compare to 133 percent of the FPL for 6 persons: \$2,736 (effective April 2003). Ryan is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 6 persons: \$4,114 (effective April 2003). Robyn, unborn, and Matthew are eligible for the Income Disregard Program.

Example B: Regular MI/MN SOC Program - Sneede procedures do not apply

MFBU - MN	Person	Income	SOC Determination
Employed mom	Jill	\$1,165	\$1,165 net nonexempt income
6-month-old	Pam	\$ 0	- 50 health insurance
4-year-old	Cindy	\$ 0	\$1,115 net nonexempt
6-year-old	Bryan	\$ 0	- 1,100 MN limit for 4
			\$ 15 SOC

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Since the family has a SOC, the children will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the EW will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,115 net nonexempt income
+ 50 health insurance premium
\$1,165 adjusted net nonexempt income

1. Compare to 100 of the FPL for 4 persons: \$1,534 (effective April 2003). Bryan is eligible for the 100 Percent program.
2. Compare to 133 percent of the FPL for 4 persons: \$2,040 (effective April 2003). Cindy is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 4 persons: \$3,067 (effective April 2003). Pam is eligible for the Income Disregard program.

Example C: Stepparent Case When Only the Separate Child(ren) of One Parent Wishes Medi-Cal

When only the separate child(ren) of one spouse applies for Medi-Cal, the county will use only the child(ren)'s own income, if applicable, and the balance of the ineligible parent's income which is available to the members of the MFBU. To determine the amount of the ineligible parent's income available to the MFBU, i.e., the balance, the county must follow the methodology similar to that developed in *Sneede* even though it is not yet known whether this case will ultimately be a *Sneede* case. That is, the county determines the amount of the ineligible parent's income allocated to the nonmembers of the MFBU for whom he/she is responsible and the remainder is the balance available to the MFBU. In making this determination, the ineligible parent is allowed appropriate income exemptions and deductions including a parental needs deduction, and then net nonexempt income is equally allocated to his/her excluded spouse and all of the ineligible parent's natural/adopted children in the household who are both in and out of the MFBU. The amount allocated to the non-MFBU members for whom the ineligible parent is responsible is then deducted from the ineligible parent's gross income (as are other appropriate deductions and exemptions) to determine the balance of the ineligible parent's income available to the MFBU. The county will then determine whether this is a *Sneede* income case.

NOTE: If the parent of the separate children is pregnant and the unborn is the mutual child of the spouse, don't include the unborn in the MFBU.

Scenario: Sally wants Medi-Cal for her two separate children, Susie (age five) and Shauna (age four). Sally, her husband, Sam, and their mutual child, Steven, do not want Medi-Cal. Sally works and earns \$1,710 per month; Susie and Shauna have no income of their own. The MFBU is composed of Susie, Shauna, and Sally as an ineligible parent.

Determination of Balance of Mom's Income Available to the MFBU

- A. Allocation Determination -- To determine allocation to family members not in the MFBU.
- \$1,710 Sally's gross earnings
- 90 Work deductions
\$1,620 Net nonexempt income
- 600 Parental needs deduction
\$1,020 Divided by 4 (Sam, Shauna, Susie, Steven) = \$255 to each
\$ 510 To Sam and Steven, not in MFBU

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. Net Balance to MFBU

\$1,710 Sally's gross earnings
- 90 Work Deduction
\$1,620
- 510 (\$255 allocation to Sam, \$255 allocation to Steven)
\$1,110 Net balance available to MFBU from Mom

MFBU's SOC Computation

\$1,110 Mom's income
0 Shauna's income
0 Susie's income
\$1,110 Total net nonexempt income
- 934 MN limit for 3
\$ 176 SOC

Since the MFBU has a SOC and the two girls are aged five and four, they are potentially eligible for the 133 Percent program. (Note: *Sneede* is not applicable because the girls do not have income of their own. If the girls did have income of their own, *Sneede* procedures would apply before eligibility is determined for the FPL programs.)

133 Percent program eligibility for each child:

Shauna

\$1,110 Balance of Mom's net nonexempt income
0 Shauna's income
\$1,110 Total net nonexempt income

Susie

\$1,110 Balance of Mom's net nonexempt income
0 Susie's income
\$1,110 Total net nonexempt income

\$1,110 Total net nonexempt income compared to 133 Percent FPL for three* = \$1,692 (April 2003).

Therefore, Susie and Shauna are eligible for the 133 Percent programs.

*The FPL is compared to only the number of persons in the MFBU.

If Shauna and Susie each had income-in-kind of \$237.50, *Sneede* procedures would apply.

NOTE: The MFBU's SOC would also be different. The MBU's would be as follows:

MBU #1 (Sally)		MBU #2 (Shauna)		MBU #3 (Susie)	
Sally's Own Share	\$600	Allocation from Sally	\$255.00	Allocation from Sally	\$255.00
MNIL	- 600	Shauna's Income	237.50	Susie's Income	237.50
SOC	\$ 0	Total	\$492.50	Total	\$492.50
		Minus	375.00	Minus MNIL	375.00
		SOC	\$117.50	SOC	\$117.50

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Compare Shauna's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,692).

Compare Susie's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,692). Both Shauna and Suzie are eligible.

Example D: Married Parents with Mutual and Separate Children

A family of four, (mother-Jane, father-John, their mutual child-Joy age two years, and the mother's separate child-June age 17) are receiving Medi-Cal. The mother has unemployment benefits of \$750, pays a \$50 health insurance premium, for a net nonexempt income of \$700 per month. The father has unemployment benefits of \$800 per month. The children have no income. Since the family has a share of cost (SOC) based on MNIL of \$1,100, revised *Sneed*e rules (as modified by *Gamma*) would apply.

<u>Mother (Jane)</u>		<u>Father (John)</u>	
Total countable Income	\$ 700.00	Total countable income	\$800.00
Less parental needs	<u>\$ 600.00</u>	Less parental needs	<u>\$600.00</u>
Mother's income to be allocated	\$ 100.00	Father's income to be allocated	\$200.00
Number of persons for whom Mother is responsible (Father, mutual child, and Mom's separate child)	3	Number of persons for whom Father is responsible (Mother, mutual child)	2
Mother's allocation	\$33.34 each	Father's allocation	\$100.00 each
<u>MBU #1</u>		<u>MBU #2</u>	
(Jane, John, Joy)		(June)	
Mother's Own Share	\$ 600.00	Allocation from Mother	<u>\$ 33.34</u>
Mother's Allocation from Father	100.00	Total Income	33.34
Father's Own Share	600.00	Minus MNIL	<u>-375.00</u>
Father's Allocation from Mother	33.34	SOC	\$ 0.00
Child's Allocation from Mother	33.34		
Child's Allocation from Father	<u>+ 100.00</u>		
Total	\$1,466.68		
Minus MNIL for 3	<u>- 934.00</u>		
SOC	\$ 533.00		

Since Joy is two years old and has a SOC, she is potentially eligible for the 133 percent program.

Compare only Mom's net nonexempt income (\$700) and Dad's net nonexempt income (\$800) (total of \$1,550 after adding back \$50 health care deductions) to 133 percent of the FPL for a family of four to determine Joy's eligibility for the 133 percent program. Joy is eligible for this program.

Example E: Unmarried Couple and their Unborn

The existing MFBU consists of a family of three: an unmarried couple and their unborn. The father does not wish to apply for Medi-Cal.

MFBU

Mother
Unborn

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Assume the MFBU is property eligible and has a SOC. Since the father does not wish Medi-Cal, *Sneede* procedures do not apply.

When determining eligibility for the Income Disregard program, use only the income of the mother. Compare her net nonexempt income to 200 percent of the FPL for two. Do not include the father of her unborn.

NOTE: The unmarried father of an unborn or child under age one who has no other mutual or separate children living in the home who are applying for Medi-Cal is not required to be included in the MFBU until the unborn is age one unless he wishes to be aided or the mother of his child needs him for linkage after her pregnancy ends. This is due to the *Sneede v. Kizer* lawsuit and the Continued Eligibility program, the latter of which requires that the eligibility determination for the unborn or infant be tied only to the mother.

Example F: Caretaker Relative and Grandchildren

The MFBU consists of a family of three: a grandmother (caretaker relative) and her daughter's two children. The children are ages 2 and 5. The children each receive Social Security benefits.

MFBU

Caretaker Relative

Child A - \$

Child B - \$

Assume the MFBU is property eligible and has a SOC under existing regulations. The county applies revised *Sneede* procedures to the SOC determination. Assume that the children's MBUs have a SOC under *Sneede*.

MBU #1	MBU #2	MBU #3
Caretaker Relative (with SOC or zero SOC)	Child A - \$ (SOC)	Child B - \$ (SOC)

The two children under age 6 are now potentially eligible for the 133 Percent programs.

1. Use only Child A's income and compare it to the FPL level for three persons.
2. Use only Child B's income and compare it to the FPL level for three persons.

E. MULTIPLE MEDI-CAL FAMILY BUDGET UNITS - DUAL ELIGIBILITY

Pregnant Women

Under the Income Disregard (Percent) program, the pregnant woman is only entitled to receive pregnancy-related services. However, she is also eligible under the MI/MN program (unless she requested Minor Consent services only) with a SOC for her non-pregnancy-related care. Therefore, she and her unborn will be in two MFBUs: (1) the Income Disregard program and (2) the MI/MN program with a SOC.

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Children

Children in the Percent programs are entitled to receive full or emergency and pregnancy-related services depending on their citizen status. They will also appear in two MFBUs if there are other members of the family receiving regular SOC Medi-Cal; however, they will be considered an ineligible (I.E.) member of the regular MFBU.

EXAMPLES

Example 1: Pregnant Mother and Spouse

Holly is a pregnant mom. She is applying for herself and her husband Jim who is unemployed. The family has a SOC under the MI/MN program, but their income is less than 200 percent of the FPL. The MFBUs would be as follows:

Income Disregard

Holly
Unborn
<Jim>

MI/MN Program

Holly
Unborn
Jim

Example 2: Single Pregnant Mother and Children

Ann is a pregnant mother of three children. She is applying for herself and her unborn, her six-month-old son Mike, her four-year-old son John, and her twenty year-old daughter Marie. The family is income eligible for all the percent programs; however, Marie is not eligible for the 100 Percent program because she is over age 19.

Income Disregard

Ann
Unborn
Mike
<John>
<Marie>

133 Percent

<Ann>
<Unborn>
<Mike>
John
<Marie>

MI/MN Program

Ann
Unborn
<Mike>
<John>
Marie

NOTE: When the pregnant woman delivers her baby, the otherwise eligible newborn will be issued a Beneficiary Identification Card (BIC) within two months under the appropriate Income Disregard program.

F. MARRIED AND UNMARRIED PREGNANT MINOR'S LIVING WITH SENIOR PARENTS

All County Welfare Director's Letter 03-34 dated January 19, 2003 informed counties that all income from a parent or parents of a pregnant minor who live together in the home is disregarded when determining eligibility for the Income Disregard (200 Percent) program if the pregnant minor is not eligible using regular rules. This includes a pregnant minor who is between the age of 18 and 21 and claimed as a tax dependent by her parents even though she does not live in the home of her parents. Under the parental income disregard provision, only the net nonexempt income of the pregnant minor and her spouse, if applicable, will be counted in the determination. All other program rules for the Income Disregard Program described in the Medi-Cal Eligibility Procedures Manual Articles 5K, 8F, and 8G still apply when determining eligibility under this revision.

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Should counties become aware of any cases where the pregnant minor had a share of cost (SOC) or a SOC and excess property due to parental income and resources, counties should redetermine eligibility for the Income Disregard program under the new rules retroactive to January 1, 2002.

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Example 1: Unmarried Pregnant Minor Living With Her Parents

The family consists of an unmarried pregnant 17-year-old citizen woman living with her parents. The minor is not deprived and the family is not eligible for the Section 1931(b) or the Medically Needy (MN) program. The county has determined that she has a SOC in the Medically Indigent (MI) program. If the county had evaluated the pregnant woman for the Income Disregard program using previous rules, she would not be eligible due to her and her parent's income. Assume the income is net nonexempt.

Income Disregard Program Rules

<Pregnant Minor's Mother>	\$1,500
<Pregnant Minor's Father>	\$2,000
Pregnant Minor	\$ 500
Unborn	\$ 0
Total	\$4,000
Limit for Four	\$3,067

When the county uses the new parental income disregard provision, the pregnant minor is now eligible since only her income is used.

Parental Income Disregard Provision

Pregnant Woman	\$ 500
Unborn	\$ 0
Total	\$ 500
Limit	\$2020

The minor should be reported to the Medi-Cal Eligibility Data Systems (MEDS) using the usual secondary aid code of 44 for pregnancy-related services only. She will have a SOC in the MI program for non-pregnancy services and may be reported to MEDS with a primary aid code of 83. If she did not have satisfactory immigration status, she would be reported to MEDS with a secondary aid code of 48, with a primary aid code of either 58 or 5F.

Example 2: 20-Year-Old Pregnant Woman In Her Last Trimester Living With Her Parents and the Unborn Child's Father (Boyfriend)

A 20-year-old pregnant woman in her last trimester is applying for Medi-Cal. Her parents are not requesting benefits. Since she is considered to be an adult for the Section 1931(b) program, she may apply on her own behalf. Assuming the unborn would be deprived if born, the county should evaluate her for that program first. Her 21 year-old unemployed boyfriend (father of unborn) is not eligible for this program until the baby is born since they have no other children. Assume the income is net nonexempt.

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Section 1931(b)

Pregnant woman	\$ 900
Unborn	\$ 0
<Boyfriend>	\$ 0
Total	\$ 900
Limit	\$1272

MN Program

Boyfriend \$0

The pregnant woman is eligible for the Section 1931(b) program. The boyfriend is eligible for the MN program until the baby is born. He may then be aided in the Section 1931(b) program.

Note: The new parental income disregard provision had no impact in this scenario.

Example 3: 18-Year-Old Pregnant Woman In Her First Trimester Living With Her Parents And Her Unborn Child's Father (Boyfriend).

This pregnant unemployed 18-year-old was evaluated for the Section 1931(b) program as an adult, but is not eligible because either she is not in her last trimester of pregnancy or her income is over the limit. She and her parents should be then evaluated for the MI program because her father is employed and she is not deprived. The minor's parents are now in the Medical Family Budget Unit (MFBU) because she is considered a child in that program. The senior parents have no linkage. Assume the income is net nonexempt. The pregnant minor and her unborn are also in the MN MFBU with the unemployed boyfriend (second parent) to determine if he is eligible.

MI Program

Pregnant Minor	\$1,000
Unborn	\$ 0
<Pregnant Minor's Father>	\$3,000
<Pregnant Minor's Mother>	\$ 500
Total	\$4,500
Limit	\$1,100
SOC	\$3,400

MN Program

<Pregnant minor>	\$1,000
Unborn	\$ 0
Boyfriend	\$ 0
Total	\$1,000
Limit	\$ 934
SOC	\$ 66

Since the pregnant minor has a SOC in the MI MFBU, *Sneede* rules apply.

Sneede rules also apply to the MN MFBU when determining the boyfriend's eligibility because they are unmarried. He appears eligible with zero SOC for the MN program because the pregnant minor does not deem any income to him in the *Sneede* determination.

Pregnant Minor's *Sneede* Determination:

<Pregnant Minor's Father> $\$3,000 - \$600 = \$2,400 \div 2 = \$1,200$
<Pregnant Minor's Mother> $\$500 - \$600 = \$0$

Mini Budget Unit (MBU) No. 1

<Pregnant Minor's Father>	\$ 600
<Pregnant Minor's Mother>	\$ 500 + \$1,200
Total	\$2,300
Limit	\$ 934

MBU No. 2

Pregnant Minor	\$1,000 + \$1,200
<Unborn>	\$ 0
Total	\$2,200
Limit	\$ 550*
SOC	\$1,650

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*Note: The unborn is counted as a child when determining the personal needs amount for a pregnant mother. The minor has a SOC in the MI program and is not eligible for the 100 percent program or the Income Disregard Program using regular rules. She should be evaluated for the Income Disregard Program using the new parental income disregard rules.

Parental Income Disregard Provision

Pregnant Minor	\$1000
Unborn	\$ 0
Total	\$1000
Limit	\$2020

The pregnant minor is eligible for the Income Disregard program for her pregnancy related benefits using the new rules.

Example 4: Stepparent Household With Pregnant Minor And Her Boyfriend (Parent Of Unborn)

A stepparent household consists of a married couple, the husband's separate unmarried 16-year-old pregnant minor, the minor's unborn child, the minor's unemployed 17-year-old boyfriend (father of the unborn), and the wife's separate ten-year-old child. The entire household applies for Medi-Cal and the father reports his daughter's pregnancy. They are evaluated for the Section 1931(b) program. The minor's boyfriend (father of the unborn) is receiving unemployment benefits and is requesting Medi-Cal, but is not eligible for Section 1931(b) until the baby is born. Once the baby is born, the Section 1931(b) MFBU used to determine the boyfriend's eligibility will also include the minor mother as an ineligible member and the baby as an eligible member. Assume the income is net nonexempt.

Section 1931(b) MFBU No.1

Father	\$2,010
Stepmother	\$ 500
Pregnant minor	\$ 400
Unborn	\$ 0
Stepmother's ten-year-old	\$ 0
Total	\$2,910
Limit	\$1,795

Section 1931(b) MFBU No.2

<Boyfriend>	\$ 200
<Pregnant minor>	\$ 400
< Unborn>	\$ 0
Total	\$ 600
Limit	\$1,272

No eligible persons in this MFBU

Since the family members in MFBU No. 1 are over the Section 1931(b) limit, Sneed rules apply. The boyfriend should be evaluated for the MN program until the baby is born.

Father \$2,010 - \$749 = \$1,261 ÷ 2 = \$630.50

Stepmother \$500 - \$749 = \$0

MBU No.1

Father	\$, 749
Stepmother	\$ 500 + \$631
Total	\$1,880
Limit	\$1,010

MBU No. 2

Pregnant minor	\$400 + \$631
Unborn	\$ 0
Total	\$1,031
Limit	\$1,010

MBU No.3

10-year-old	\$ 0
Limit	\$498

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Only the ten-year-old is eligible for Section 1931(b) in the first month. Evaluate the other family members for the MN program. The ten-year-old is not in the MN MFBU.

MN MFBU No. 1

Father	\$2,010
Stepmother	\$ 500
Pregnant minor	\$ 400
Unborn	\$ 0
Total	\$2,910
Limit	\$1,100
SOC	\$1,810

The pregnant minor has a SOC in the MN program. Sneede rules apply.

Father $\$2010 - \$600 = \$1410 / 2 = 705$ Stepmother $\$500 - \$600 = 0 + 705 = \$705$

MN MBU #1

Father	\$ 600
Stepmother	\$ 705
Total	\$1,305
Limit for two	\$ 934
SOC	\$ 371

MN MBU#2

Pregnant Minor	\$400+705+1105
Unborn	\$ 0
Total	\$ 1105
Limit for two	\$ 750
SOC	\$ 455

The father and stepmother have a SOC of \$371. Evaluate the pregnant minor for the Income Disregard program because she is not income eligible for the 100 Percent FPL program.

Income Disregard Program

<Father>	\$2,010
<Stepmother>	\$ N/A
Pregnant Minor	\$ 400
Unborn	\$ 0
<10-year-old>	\$ N/A
Total	\$2,410
Limit	\$3,590

The pregnant minor is eligible for the Income Disregard Program. There is no need to proceed to the Revised Income Disregard Program. NOTE: If the county used the new parental income provision, the father, stepmother, and the 10 year-old sibling would not be included in MFBU. With respect to the boyfriend he should be evaluated under the MN program, since he is a person under age 21 and is also the parent of a deprived unborn ; however, the boyfriend should be included as ineligible member since he requested to be aided and was in the MN MFBU No. 2.

Evaluate the boyfriend for the MN program.

The second MN MFBU would consist of the ineligible pregnant minor, her unborn, and the eligible boyfriend (and father of the unborn) and any other children of the minor, if applicable.

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MN MFBU No. 2

<Ineligible Pregnant Minor>	\$400
Unborn	\$ 0
Boyfriend (Father of the Unborn)	<u>\$200</u>
Total	\$600
Limit	\$934

The boyfriend is eligible in the MN program.

Example 5: 18-Year- Old Unmarried Pregnant Woman, Boyfriend (father of the unborn), Siblings, And Her Parent

The family consists of an unmarried pregnant 18-year-old woman who is in her last trimester of pregnancy and not enrolled in school, her 21-year- old employed boyfriend (father of the unborn), his two-year-old separate child with income, the pregnant woman's two siblings age 10 and 15, and the pregnant woman's parent. They all live in the home. Although the pregnant woman is an adult for purposes of the Section 1931(b) program, her unborn is not deprived because she and her boyfriend are fully employed and she is not an essential person. Therefore, she is not eligible for the Section 1931(b) program. She has net nonexempt earnings of \$3000. Evaluate her siblings, and her parent for the Section 1931(b) program. Sibling number two receives \$300 in Social Security income. The pregnant woman is an ineligible member of her mother's MFBU because her mother requested aid and the pregnant woman is not eligible to apply for Section 1931(b) in a separate case. Assume the income is net nonexempt.

Section 1931(b) Program

Pregnant Woman's Mother	\$1,500
Child No.1	\$ 0
Child No.2	\$ 300
<Pregnant 18-year-old>	\$3,000
<Unborn>	<u>\$ 0</u>
Total	\$4,800
Limit	\$1,795

The family is over the limit; therefore, *Sneed* rules apply. Pregnant woman's Mother
 $\$1,500 - \$749 = \$751 \div 3 = \250

MBU NO.1

Mother	\$749
Child No.1	\$0 + \$250
Total	<u>\$999</u>
Limit	\$1010

MBU No. 2

Child No.2	\$300+ \$250
Total	<u>\$550</u>
Limit	\$505

MBU No. 3

<18-Year-Old>	\$3,000+\$250
<unborn>	\$ 0
Total	<u>\$3,250</u>
Limit	\$ 848

The senior mother and child Number One are eligible for Section 1931(b).

Evaluate the remainder of the family for the MN program. The pregnant woman is a minor child for this program. No income from the senior mother is considered in the MN determination since she is eligible for 1931(b).

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MN Program

Pregnant minor	\$3,000
Unborn	\$ 0
Sibling child No.2	<u>\$ 300</u>
Total	\$3,300
Limit	\$ 934
SOC	\$2,366

Sneede rules apply.

MN MBU#1

Pregnant minor	\$3,000
Unborn	\$ 0
Total	\$2,500
Limit	\$ 750
SOC	\$2,250

MN MBU#2

Child No. 2	\$300
Total	<u>\$300</u>
Limit	\$600

Sibling Number Two is eligible for the MN program with no SOC. The pregnant minor has a \$2,250 SOC. Each MBU has a full income limit because the pregnant minor's mother is not in the MN MFBU. The pregnant minor's mother and child Number One are eligible for Section 1931(b) and are treated as though they were receiving California Work Opportunity and Responsibility to Kids.

Evaluate the pregnant minor for the 100 Percent program.

100 Percent Program

<Pregnant Minor's Mother>	\$1,500	
<Child No.1>	\$ N/A	
<Child No.2>	\$ N/A	
Pregnant 18-year-old	\$3,000	
Unborn	<u>\$ 0</u>	
Total	\$4,500	
Limit for five		\$1,795

The pregnant 18-year-old is not eligible for the 100 Percent program. Evaluate the pregnant woman for the Income Disregard program.

Income Disregard Program

<Pregnant Minor's Mother>	\$1,500
<Child No. 1>	\$ N/A
<Child No. 2>	\$ N/A
Pregnant 18-year-old	\$3,000
Unborn	<u>\$ 0</u>
Total	\$4,500
Limit	\$3,590

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The pregnant woman is not eligible for the Income Disregard program using regular rules. Evaluate her for using the parental income disregard provision.

Parental Income Disregard Provision

Pregnant 18-year-old	\$3,000
Unborn	\$ 0
Total	\$3,000
Limit	\$2,020

The pregnant 18-year-old is not eligible using the parental income disregard provision. She will have a \$2,250 SOC in the MN program.

Example 6: Married Pregnant 19-Year-Old Living With Her Parent

A married pregnant 19-year-old living with her 21-year-old husband, their mutual three-year-old child and her parent, age 42. Because the 19-year-old is considered an adult for Section 1931(b), her mother is not included in the Section 1931(b) MFBU and is not eligible because she has no deprived "child". The pregnant woman is incapacitated. Evaluate her, her husband, and their mutual child for Section 1931(b). Assume the income is net nonexempt.

Section 1931(b) MFBU

Pregnant Woman	\$ 750
Unborn	\$ 0
Spouse	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$1,534

Since the family failed the Section 1931(b) income test, evaluate them for the MN program to determine their SOC. The pregnant minor's parent is now included in this MFBU because the pregnant minor is considered a child for this program. The pregnant minor is deprived because her father is absent.

MN MFBU No.1

<Pregnant Minor's Parent>	\$3,000
Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$5,750
Limit	\$1,259
SOC	\$4,491

MN MFBU No. 2

<Pregnant 19-Year-Old>	\$ 750
Unborn	\$ 0
Spouse	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$1,100
SOC	\$1,650

MN MFBU No. 3

Pregnant Minor's Parent	\$3,000
<Pregnant 19-Year Old>	\$ 750
Unborn	\$ N/A
Total	\$3,750
Limit	\$ 934
SOC	\$2,816

Note: Sneede rules would apply to MFBU No. 3 because the pregnant minor's parent has a SOC of \$2,816 and the 19-year-old has income. If the parent keeps her personal needs allowance of \$600 and deems the remainder to the pregnant minor, the parent will be eligible for the MN program with no SOC.

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Evaluate the pregnant woman and her child for the Percent programs.

Income Disregard Program

<Pregnant Minor's Parent>	\$3,000
Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$5,750
Limit	\$3,590

133 Percent Program

<Pregnant Mother>	\$ 750
<Unborn>	\$ 0
<Spouse>	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$2,040

The Mutual Child is not eligible for the 133 Percent program. She and her father would have a SOC of \$1650. The child should be referred to Healthy Families (HF). The pregnant woman is not eligible for the Income Disregard program for her pregnancy-related services using regular Medi-Cal rules. Evaluate her using the parental income disregard provision rules.

Parental Income Disregard Provision

Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$2,750
Limit	\$3,067

The pregnant woman is eligible for the Income Disregard program using the new parental income disregard rules; however, she has a \$4,491 SOC for her other services.

OTHER INFORMATION

Counties may make the Income Disregard determination using the parental income disregard provision before applying the regular Income Disregard Program rules unless it would be more beneficial to use the regular rules, e.g., the pregnant minor or her boyfriend/spouse have income, her parents have little income, or there are siblings in the home which raises the family size and the income limit. The scenario in Example Four illustrates that situation.

G. RETROACTIVE REPAYMENT OF SHARE OF COST (SOC)

Beneficiaries who previously met or obligated to pay their SOC and were subsequently determined eligible in the same month of eligibility for one of the Percent programs are entitled to an adjustment (refund/reduction of the billed amount) if they had expenses that would have been covered by the Percent programs. If the family met its SOC but the beneficiary had no pregnancy related expenses for that month (received no benefits), he/she would not be eligible for a refund.

1. Date of Service is less than 12 months:

The beneficiary should be given the Share-of-Cost Medi-Cal Provider Letter (MC 1054) containing the "Old Share of Cost County I.D." and the "New Non-Share of Cost County I.D." to give to the provider for processing.

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Once the provider's claim for services has been reimbursed by the fiscal intermediary, the provider must refund the appropriate amount to the beneficiary if the met SOC was paid. If the SOC was obligated but not paid, the provider reduces the amount billed to the beneficiary by the appropriate amount.

2. Date of Service is older than 12 months:

The beneficiary should be given retroactive Medi-Cal eligibility containing the original SOC, county, I.D., and an MC 1054. The beneficiary should follow the same procedure as noted above.

3. If the beneficiary had expenses in a past month and the SOC was not met, the county should issue the appropriate Percent program card.
4. If the beneficiary states that he/she does not wish a refund but prefers an adjustment to a future month's SOC, follow the procedures outlined in Article 12 of the Medi-Cal Eligibility Procedures Manual.

H. MEDS ALERT

Pregnant Women

Counties will receive an alert towards the end of the 11th month from which the MEDS record was established stating that the woman appears to be no longer eligible for the Percent program. The county will be responsible for terminating the MEDS record and for evaluating the woman for other Medi-Cal programs. If the woman becomes pregnant again within 12 months, the county can reactivate the MEDS record through a restoration of benefits; however, no subsequent alert will be generated.

Children

An alert (9525) will be generated every six months beginning with the last month of eligibility to remind the county to check the child's inpatient status, send a Notice of Action, or that a termination action should be taken if MEDS has no terminated date.

An alert (9526) will be sent when the child is past the appropriate age and every six months thereafter. When eligibility has not been reconfirmed by the county. It will inform the county that eligibility has been terminated on MEDS.

Counties should consult their MEDS Manual for the appropriate Eligibility Status Action Codes (ESACs) in the case of continuing inpatient status.

Children who are no longer eligible for a Percent program should be evaluated for all other Medi-Cal programs before being terminated.

I. QUESTIONS AND ANSWERS

1. If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?

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Answer: To determine the family's SOC under the regular MI/MN program, the ABD deductions would be allowed. However, to determine the woman's eligibility under the Income Disregard program, the AFDC-MN deductions are applied to their income. No deductions for the ABD are allowed.

2. Same situation as No. 1 except the husband is disabled and in long-term care (LTC). How are the MFBUs determined?

Answer: There are two MFBUs. The maintenance need for the mom and the unborn will be for two persons. The husband will be in his own MFBU and will receive a maintenance need amount of \$35 for his LTC status.

3. May a woman become initially entitled to the Income Disregard program during the 60-day postpartum period or during one of the three retroactive months prior to the month of application?

Answer: Yes, if otherwise eligible, she may become initially entitled to the Income Disregard program during or prior to the 60-day postpartum period. For example, if a pregnant woman's initial Medi-Cal application is made three months after the month the pregnancy ended, she still could be eligible for the Income Disregard program. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, was eligible for, and received Medi-Cal in the month of delivery.

NOTE: Women who are requesting retroactive postpartum benefits and have no SOC in those months should be placed in the Income Disregard program.

For example, a mother, a father and an infant apply for Medi-Cal in July and request retroactive coverage for April, May, and June. The baby was born in March. The father is employed and has no linkage. In April and May, the mother has linkage via the Income Disregard program which covers women during pregnancy and the 60 postpartum days.

Assuming she and the infant meet the requirements of the Income Disregard program in April and May, both are covered. In June, there is no longer linkage for the mother and she is discontinued. If otherwise eligible, the infant's eligibility continues. If the family income had been above the 200 percent limit, Mom would not have been eligible for the Income Disregard program and its postpartum benefits. Postpartum benefits would only be available under the 60-Day Postpartum program, but she did not apply for that program while pregnant so she would be ineligible for that program as well.

4. How are excluded children treated in the MFBU?

Answer: There is no change in the treatment of excluded children; they would not show in the MFBU. These children would receive an allocation of parental income as specified in the *Sneede v. Kizer* rules.

5. How are stepparents treated in the MFBU?

Answer: *Sneede v. Kizer* changed the procedures on the treatment of stepparents when either (1) just the separate child(ren) of one parent wishes aid regardless of the SOC or (2) when more than just the separate child of one parent wishes aid and the family has a SOC before determining eligibility for the Percent programs. See Example C.

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6. Is verification of the date pregnancy ended required as it is under the 60-Day Postpartum program?

Answer: No, the county may accept the client's verbal statement.

7. May a pregnant woman file an application for Medi-Cal benefits only under the Income Disregard program?

Answer: Yes, a pregnant woman may file solely for pregnancy-related benefits under the Income Disregard program. However, a pregnant woman applying for only the Income Disregard program should be informed of the benefit of applying for full scope Medi-Cal to avoid the second application process should she require non-pregnancy related care.

NOTE: Numbers 8 and 9 address the Income Disregard program; however, they also apply to children who are in the 133 and 100 Percent programs.

8. Situation A: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently exceeds the 200 percent limit, continuous eligibility applies until the next annual redetermination, and then the infant is discontinued from this program. If the family's income later drops to within the 200 percent limit and there has been no change in the infant's inpatient status, may the infant reestablish eligibility under the Income Disregard program?

Answer: No. The child had a break in eligibility and cannot re-establish eligibility under the Income Disregard program beyond the age of one year. However, the child should be evaluated under the 133 Percent program.

9. Situation B: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently drops to an amount that is at or below the maintenance need level. When the continuous period of eligibility ends, will the county need to change the aid code from the Income Disregard program to the regular MI/MN program code with a zero SOC or the 133 Percent program if there is a SOC?

Answer: No. Infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no SOC are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the Income Disregard program should family income later increase where there would be a SOC (after the continuous period of eligibility ends) but family income does not exceed 200 percent of the FPL.

Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age 1. He has been eligible for benefits with no SOC under the Income Disregard program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The EW shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits with no SOC under either program.

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Two months later the income rises above the maintenance need level but not over 200 percent of the FPL. The EW will not need to review the case history to verify Income Disregard program eligibility prior to age one or make any changes to the infant's record since his aid code has not been changed. NOTE: Continuous eligibility would apply if the infant were income ineligible.

10. Does this program change any existing policies on the treatment of income?

Answer: No changes have been made with respect to the treatment of income. The only changes made pertain to the allowable deductions in determining family adjusted net nonexempt income under the Income Disregard program. Health insurance premiums and deductions which are solely for the ABD are not allowable deductions under this program.

11. May services usually provided under the Income Disregard program be used instead to meet the SOC for the regular MI/MN?

Answer: Yes, but the provider may not bill Medi-Cal for those same services under both aid codes.

12. When a pregnant woman has two aid codes, one with a SOC in the regular MI/MN series and the second in the zero SOC Income Disregard program, which aid code should the provider use?

Answer: If the services she received were pregnancy related, the provider may use either aid code although it would be preferable to bill the services under the Income Disregard aid code so that program costs may be identified. If the services are not pregnancy related, the provider must use the regular SOC aid code.

13. What will happen if a timely ten-day notice is not issued to terminate the infant/child due to the attainment of the maximum age (one/six/nineteen)?

Answer: Ten-day notice is always required for adverse actions. If a ten-day notice was not sent in time and MEDS has already terminated the record, the county will need to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the ten-day notice of action.

14. If a woman already on Medi-Cal with a SOC reports to the county that she is five months pregnant and she is income eligible under the Income Disregard program, how far back should the county issue retroactive Medi-Cal?

Answer: If the pregnant woman reported her pregnancy timely with the date of medical confirmation, the county would follow Section 50653.3 of the Medi-Cal Eligibility Procedures Manual which described how to process changes which would decrease a beneficiary's SOC. If she did not report timely, she would not be eligible for the Income Disregard program until the following month. See Section G.

15. Are Medicare premiums considered health insurance premiums?

Answer: Yes, parts A and B of Medicare are considered health insurance premiums.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Therefore, under the Percent programs no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the State is paying the premium.

16. When a pregnant woman who is eligible under the Income Disregard program delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the county obtain a new application?

Answer: Infants born to Medi-Cal eligible women are automatically deemed to have applied and are eligible for one year (Continued Eligibility also known as deemed eligibility), provided certain criteria are met. In this case, a separate application form, MC 13, and Social Security number are not required until the infant attains age one. NOTE: Providers may use the mother's BIC card for the newborn during the first two months of birth. The mother's card (whether full scope or restricted) provides full scope benefits to newborn.

17. Will the counties be required to verify continuous inpatient status for the infant/child over one/six/nineteen?

Answer: The counties are not required to verify continuous inpatient services for infants/children over one year old. The counties will continue with their current verification procedures. However, the counties are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at six-month intervals to remind the counties to verify continuing eligibility. Therefore, if the county does not verify continuing eligibility, a potential overpayment situation may exist for six months or longer.

J. NOTICES

The Percent programs and other pregnancy forms in English and Spanish are listed below:

Form Number	TYPEPROGRAM	BENEFICIARY	
<u>Worksheet</u>	<u>Approval/Deny</u>	<u>Percent</u>	<u>Women/Children</u>
MC 239B - 1	Approval	60 Day Postpartum	Women*
MC 239B - 2	Approval	Income Disregard	Women & Infants
MC 239B - 4	Denial/Dis.	Income Disregard	Women & Infants**
MC 239B - 5	Denial/Dis.	133 Percent	Children 1 to 6
MC 239B - 6	Approval	133 Percent	Children 1 to 6
MC 239G	Denial/Dis	100 Percent	Children 6 to 19
MC 239H	Approval	100 Percent	Children 6 to 19
MC 239P	Approval	Emergency/Preg.	Undocumented Women
MC 239Q	Change	Regular/Full	Women
MC 239S	Approval	Regular/Restricted	Undocumented Women

*The 60 Day Postpartum notice is used for aid code 76 and should not be used for the women eligible under the Percent programs. There is no separate discontinuance notice.

**MC 239B-3 was combined with MC 239B-4.

WORKSHEET (Optional for County Use)

County Code _____

Social Services Agency _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PERCENT PROGRAM WORKSHEET

(Share of Cost Cases Only)

Case Name: _____ Case Number: _____

No. In MFBU _____ Effective Eligibility Date _____
(Mo/Yr)

_____ Net nonexemption income (from MC 176M): _____
Mo/Yr (Do not include ABD deductions)

Health Insurance Premium if already allowed as a deduction + _____

Adjusted Net Nonexempt Income _____

_____ Poverty Level \$ _____ Maintenance Need Level _____

Does adjusted net nonexempt income exceed maintenance need level but not over poverty level? _____

[] Yes: eligible under _____ program.

[] No: not eligible for _____ percent program.

List Eligible Persons

Person Number	Name	Aid Code

(EW Signature)

(Worker No.)

(Date)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR 60-DAY POSTPARTUM PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

60-Day Postpartum Program

You are eligible for the 60-day Postpartum Medi-Cal program. This program provides pregnancy-related and family planning services after childbirth, child delivery, or miscarriage. Your eligibility under this program begins _____ and ends _____.

These benefits will be provided whether or not you meet the other eligibility rules (such as property, share-of-cost, etc.). Your Medi-Cal benefits under this program will be limited to postpartum care services only.

Other Medi-Cal Programs:

Your eligibility to receive:

- ☐ full Medi-Cal coverage
- ☐ restricted Medi-Cal coverage for treatment of emergency medical conditions
- ☐ will continue.
- ☐ will be discontinued effective the last day of _____. The reason for this discontinuance is because your pregnancy ended on _____.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701(d).

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 B-1 (7/02)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-26

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN PARA EL PROGRAMA DE 60 DÍAS DESPUÉS DEL PARTO Y LAS CONDICIONES DE OTROS BENEFICIOS DE MEDI-CAL

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Programa de 60-Días Después del Parto

Usted reúne los requisitos para el programa de Medi-Cal de 60 días después del parto. Este programa proporciona servicios relacionados al embarazo y planificación familiar después del parto, nacimiento del niño o aborto involuntario. Su elegibilidad bajo este programa comienza el _____ y termina el _____.

Se proporcionarán estos beneficios sin importar si usted cumple o no con otras reglas de elegibilidad (tales como bienes, parte del costo, etc.). Sus beneficios de Medi-Cal bajo este programa se limitarán solamente a los servicios de cuidado después del parto.

Otro Programas de Medi-Cal:

Su elegibilidad para recibir:

- ☐ cobertura completa de Medi-Cal
- ☐ cobertura limitada de Medi-Cal para el tratamiento de condiciones médicas de emergencia
- ☐ continuará.
- ☐ se discontinuará a partir del último día de _____. La razón de esta discontinuación es debido a que su embarazo terminó el _____.

Si tiene alguna pregunta o si existe cualquier información que no nos ha reportado, por favor llame o escriba de inmediato a su trabajador(a) de elegibilidad.

Pronto, recibirá usted por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. LLEVE ESTA TARJETA DE PLÁSTICO A SU PROVEEDOR MÉDICO CADA VEZ QUE NECESITE OBTENER CUIDADO. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE ESTA TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.

Los ordenamientos que exigen esta acción son las secciones 50260 y 50701(d) del Título 22 del Código de Ordenamientos de California.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 B-1 (SP) (7/02)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-27

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR SPECIAL ZERO SHARE-OF-COST 200% PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

☐ Beginning _____, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning. In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income.

☐ You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. Under this program you may also receive medical services not related to your pregnancy.

You must report within ten days any significant changes that could affect your eligibility, such as changes in your income, property, medical condition, address, or household situation.

☐ Beginning _____, your baby is eligible to receive Medi-Cal benefits without a share-of-cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal coverage will provide:

- ☐ Full Medi-Cal benefits.
- ☐ Restricted Medi-Cal benefits (emergency only).

In addition to other program requirements, eligibility under this program is based on your family's income.

You must report within ten days any significant changes that could affect your child's eligibility, such as changes in your income, medical condition, address, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 R-2 (2/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-28

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA ESPECIAL DEL 200% SIN PAGO DE NINGUNA PARTE DEL COSTO PARA MUJERES EMBARAZADAS Y BEBÉS DE HASTA UN MÁXIMO DE UN AÑO DE EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

- ☐ A partir del _____, usted reúne los requisitos para recibir servicios limitados de Medi-Cal, sin pago de una parte del costo, bajo un programa especial para mujeres embarazadas. Bajo este programa, usted solamente puede recibir servicios relacionados al embarazo, que incluyen la atención prenatal, servicios para las complicaciones del embarazo, el trabajo de parto, la atención después del parto y la planificación familiar. Además de los otros requisitos de este programa, la elegibilidad bajo este programa se basa en su embarazo o los ingresos de su familia.
- ☐ Usted continúa reuniendo los requisitos para recibir beneficios, con pago de una parte del costo, bajo el programa regular de Medi-Cal. Bajo este programa, es posible que usted también reciba servicios médicos no relacionados a su embarazo.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que pudieran afectar su elegibilidad, como por ejemplo, cambios en sus ingresos, propiedades, condición médica, dirección o situación en el hogar.

- ☐ A partir del _____, su bebé reúne los requisitos para recibir beneficios de Medi-Cal, sin pago de una parte del costo, bajo un programa especial para bebés de hasta un máximo de un año de edad. Bajo este programa, la cobertura de Medi-Cal del/de la bebé le proporcionará:

- ☐ Beneficios completos de Medi-Cal.
- ☐ Beneficios limitados de Medi-Cal (sólo para emergencias).

Además de los otros requisitos del programa, la elegibilidad bajo este programa se basa en los ingresos de su familia.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que pudieran afectar el derecho de su hijo(a) a recibir beneficios, como por ejemplo, cambios en sus ingresos, condición médica, dirección o situación en el hogar.

Siempre presente su Tarjeta de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU TARJETA BIC DE PLÁSTICO.**

La regulación que requiere esta acción se establece en la Sección 50262, del Título 22, del Código de Regulaciones de California.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 B-2 (SP) (2/03) (corrected 5/03)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-29

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 200% INCOME DISREGARD PROGRAM FOR PREGNANT WOMEN AND INFANTS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 200% Income Disregard Program is a special program for pregnant women and infants up to one year old with family income at or below 200 percent of the federal poverty level. It provides zero share-of-cost pregnancy-related services and postpartum care to women and medical care to infants under one year of age. A review of your case shows that:

You are not eligible for this program because:

- ☐ Your family's income is over the allowable limit.
 - ☐ This does not affect your regular Medi-Cal eligibility.
- ☐ Your eligibility for benefits under this program ends _____ because:
 - ☐ You are no longer pregnant and your 60-day postpartum period has ended.
 - ☐ Other: _____
 - ☐ This does not affect your regular Medi-Cal eligibility.
- ☐ You will receive another notice if you are eligible for another program.

Your child is not eligible for this program because:

- ☐ Your family's income is over the allowable limit.
- ☐ Your child's eligibility for benefits under this program ends _____ because:
 - ☐ Your child has reached age one.
 - ☐ Other: _____
- ☐ You will receive another notice if your child is eligible for another program.
- ☐ Enclosed are forms that you need to complete and return to us to determine if you or your child is eligible for another program. Please return this information within _____ days.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible for Medi-Cal.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50262.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA QUE IGNORA INGRESOS EN UN 200% PARA MUJERES EMBARAZADAS Y BEBÉS

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa que Ignora los Ingresos en un 200% es un programa especial para mujeres embarazadas y bebés de hasta un año de edad, con ingresos al o por debajo del 200 por ciento del nivel federal de pobreza. Éste proporciona servicios relacionados con el embarazo y atención después del parto a las mujeres y atención médica a los bebés menores de un año, con cero parte del costo. Una evaluación de su caso indica que:

Usted no reúne los requisitos para este programa puesto que:

- ☐ Los ingresos de su familia están por encima del límite permitido.
 - ☐ Esto no afecta su elegibilidad para recibir beneficios de Medi-Cal regular.
- ☐ Su elegibilidad para beneficios bajo este programa termina el _____ puesto que:
 - ☐ Usted ya no está embarazada, y se ha terminado su período de 60 días después del parto.
 - ☐ Otra razón: _____
 - ☐ Esto no afecta su elegibilidad para recibir beneficios de Medi-Cal regular.
- ☐ Usted recibirá otra notificación, si reúne los requisitos para otro programa.

Su niño(a) no reúne los requisitos para este programa puesto que:

- ☐ Los ingresos de su familia están por encima del límite permitido.
- ☐ La elegibilidad de su niño(a) para beneficios bajo este programa termina el _____ puesto que:
 - ☐ Su niño(a) ha cumplido un año de edad.
 - ☐ Otra razón: _____
- ☐ Usted recibirá otra notificación, si su niño(a) reúne los requisitos para otro programa.
- ☐ Se le adjuntan los formularios que usted necesita llenar y regresarnos, a fin de determinar si usted o su niño(a) reúne los requisitos para otro programa. Por favor, regrese esta información, en un plazo de _____ días.

Si usted tiene alguna pregunta sobre esta acción, por favor escríbanos o llámenos por teléfono. Nosotros le contestaremos sus preguntas, o concertaremos una cita para entrevistarnos con usted. Usted puede volver a solicitar beneficios de Medi-Cal en cualquier momento. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BIC). Usted puede usarla de nuevo, si vuelve a reunir los requisitos para recibir beneficios de Medi-Cal.

Las regulaciones que exigen esta acción son las Secciones 50260 y 50262, del Título 22, del Código de Regulaciones de California.

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-31

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 133 Percent Program provides Medi-Cal benefits at no share-of-cost for children who are at one year of age up to age six whose family income is at or below 133 percent of the federal poverty level. A review of your case shows that:

- ☐ Your child(ren) does not qualify for this program because your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- ☐ Your child(ren) does not qualify for this program because your family's income is over the allowable limit. Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share of cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- ☐ Eligibility for benefits under the 133 Percent Program ends because your child has reached age six.
 - ☐ A separate notice will be sent to you about regular Medi-Cal. If your child is hospitalized, let your worker know right away.
 - ☐ Enclosed are forms that you need to complete for us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- ☐ Eligibility for benefits under the 133 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.5.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC).** Your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-32

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACION DE ACCION DE MEDI-CAL NEGACION O DESCONTINUACION DE BENEFICIOS CONFORME AL PROGRAMA DEL 133 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

El Programa del 133 Por Ciento proporciona beneficios médicos sin parte del costo a niños que tienen de uno a seis años de edad, cuyos ingresos familiares están al o por debajo del 133 por ciento del nivel federal de pobreza. Una revisión de su caso indica que:

- ☐ Su/s hijo/s no reúne/n los requisitos para recibir beneficios de este programa, puesto que sus ingresos familiares exceden el límite permitido. Usted recibirá una notificación por separado sobre su Medi-Cal regular.
- ☐ Su/s hijo/s no reúne/n los requisitos para recibir beneficios de este programa, puesto que sus ingresos familiares exceden el límite permitido. Necesita llenar y enviarnos los formularios adjuntos para determinar si él/ella reúne los requisitos para recibir Medi-Cal regular con una parte del costo. Por favor envíenos esta información en un plazo de diez días. Si no la recibimos, los beneficios de su hijo/a terminarán el _____.
- ☐ La elegibilidad para recibir beneficios conforme al Programa del 133 Por Ciento termina, puesto que su hijo/a ha cumplido seis años de edad.
 - ☐ Se le enviará una notificación por separado sobre su Medi-Cal regular. Si a su hijo/a se le hospitaliza, hágaselo saber de inmediato a su trabajador/a.
 - ☐ Necesita llenar y enviarnos los formularios adjuntos para determinar si él/ella reúne los requisitos para recibir Medi-Cal regular con una parte del costo. Por favor, envíenos esta información en un plazo de diez días. Si no la recibimos, los beneficios de su hijo/a terminarán el _____.
- ☐ La elegibilidad para recibir beneficios conforme al Programa del 133 Por Ciento termina el _____ puesto que:

La regulación que exige esta acción es la sección 50262.5, del Título 22, del Código de Regulaciones de California.

Si tiene alguna pregunta sobre esta acción, por favor escríbanos o llámenos por teléfono. Le contestaremos sus preguntas o concertaremos una cita para atenderle personalmente. En cualquier momento usted puede volver a solicitar Medi-Cal. NO TIRE LA TARJETA DE IDENTIFICACION DE BENEFICIOS (B/C) DE SU HIJO/A. Su hijo/a la puede volver a usar para otro programa regular de Medi-Cal, aun si su hijo/a tiene que pagar una parte del costo.

PARA INFORMACIÓN SOBRE APELACIONES, POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Beginning _____, your child is eligible to receive Medi-Cal benefits without a share-of-cost under the 133 percent program for children from one to six years of age. Under this program, the child's Medi-Cal benefits will provide:

- ☐ Full Medi-Cal benefits.
- ☐ Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements.

You must report within ten days any significant changes that could affect your child's eligibility, such as changes in your income, address, medical condition, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.5.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA DEL 133 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

A partir del _____, su(s) niño(s) reúne(n) los requisitos para recibir beneficios de Medi-Cal, sin una parte del costo, bajo el programa del 133 por ciento para niños de uno a seis años de edad. Bajo este programa, los beneficios de Medi-Cal de su niño(a) le proporcionarán:

- ☐ Beneficios completos de Medi-Cal.
- ☐ Beneficios limitados de Medi-Cal (servicios sólo para el tratamiento de condiciones médicas de emergencia).

La elegibilidad bajo este programa se basa en los ingresos de su familia, además de otros requisitos del programa.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar la elegibilidad de su niño(a), como por ejemplo cambios en sus ingresos, dirección, condición médica o situación en el hogar.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC* DE PLÁSTICO.

La regulación que exige esta acción es la Sección 50262.5, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 100 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children or persons who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level. A review of your case shows that:

- ☐ You do not qualify for this program because:
- ☐ Your child(ren) does not qualify for this program because:
- ☐ Your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- ☐ Eligibility for benefits under the 100 Percent Program ends because your child has reached age 19.
- ☐ Eligibility for benefits under the 100 Percent Program ends because you have reached age 19.
- ☐ A separate notice will be sent to you about regular Medi-Cal. If you or your child is hospitalized, let your worker know right away.
- ☐ Enclosed are forms that you need to complete for us to determine if you or your child is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days.
- ☐ Eligibility for benefits under the 100 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC).** You or your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

MC 239 G (7/03)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-36

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN MEDI-CAL DE NEGACIÓN O SUSPENSIÓN DE BENEFICIOS BAJO EL PROGRAMA DEL 100 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa del 100 por Ciento proporciona beneficios de Medi-Cal, sin el pago de una parte del costo, para niños o las personas de por lo menos 6 años, hasta los 19 años de edad, cuyos ingresos familiares estén por debajo del 100 por ciento del nivel federal de pobreza. Una revisión de su caso muestra que:

- ☐ Usted no tiene derecho a este programa porque:
- ☐ Su(s) hijo(s)/hija(s) no tiene(n) derecho a este programa porque:
- ☐ Los ingresos de su familia sobrepasan el límite permitido. Usted recibirá una notificación, por separado, acerca del Medi-Cal regular.
- ☐ La elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina porque su hijo(a) ha cumplido los 19 años de edad.
- ☐ Su elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina porque usted ha cumplido los 19 años de edad.
- ☐ Se le enviará una notificación, por separado, acerca del Medi-Cal regular. Si usted o su hijo(a) es hospitalizado(a), infórmeselo de inmediato a su trabajador(a).
- ☐ Se le adjuntan los formularios que necesitará completar, para determinar si usted o su hijo(a) reúne los requisitos para recibir beneficios del Medi-Cal regular, con el pago de una parte del costo. Por favor, devuelva este formulario en un plazo de 10 días.
- ☐ La elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina el _____ porque:

Las regulaciones que requieren esta acción se establecen en la Sección 50262.5, del Título 22, del Código de Regulaciones de California.

Si usted tiene alguna pregunta sobre esta acción, por favor escriba o llámenos por teléfono. Responderemos a sus preguntas o concertaremos una cita para atenderle. Usted puede volver a solicitar beneficios de Medi-Cal en cualquier momento. NO TIRE A LA BASURA LA TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BENEFITS IDENTIFICATION CARD—BIC) DE SU HIJO(A). Su hijo(a) puede volver a usarla, bajo otro programa normal de Medi-Cal, aún si su hijo(a) tiene que pagar una parte del costo.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN PARA OBTENER INFORMACIÓN DE APELACIÓN

MC 239 G (SP) (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-37

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 100 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children or persons who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level.

- ☐ Beginning _____, you are eligible to receive Medi-Cal benefits under this program.
- ☐ Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits under this program.

Under this program, Medi-Cal will provide:

- ☐ Full Medi-Cal benefits.
- ☐ Restricted Medi-Cal benefits (pregnancy and emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements.

You must report within ten days any significant changes that could affect your or your child's eligibility, such as changes in your income, medical condition, address, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

MC 239 H (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-38

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN PARA EL PROGRAMA DEL 100 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa del 100 por Ciento proporciona beneficios de Medi-Cal, sin el pago de una parte del costo, para los niños o personas de por lo menos 6 años, hasta los 19 años de edad, cuyos ingresos familiares estén por debajo del 100 por ciento del nivel federal de pobreza.

- ☐ A partir del _____, usted reúne los requisitos para recibir beneficios de Medi-Cal bajo este programa.
- ☐ A partir del _____, su(s) hijo(s)/hija(s) reúne(n) los requisitos para recibir beneficios de Medi-Cal bajo este programa.

Bajo este programa, Medi-Cal proporcionará:

- ☐ Beneficios completos de Medi-Cal.
- ☐ Beneficios limitados de Medi-Cal (solamente para embarazo y condiciones médicas de emergencia).

La elegibilidad bajo este programa se basa en los ingresos de su familia, además de los otros requisitos del programa.

Usted tiene que reportar, dentro de un plazo de diez días, cualesquier cambios importantes que pudieran afectar su elegibilidad o la de su hijo(a), como por ejemplo cambios en sus ingresos, condición médica, dirección o situación en el hogar.

Siempre presente su Tarjeta de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, siempre que usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE A LA BASURA SU TARJETA PLÁSTICA BIC.

Las regulaciones que requieren esta acción se establecen en la Sección 50262.6, del Título 22, del Código de Regulaciones de California.

MC 239 H (SP) (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-39

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION BENEFITS RESTRICTED TO EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(County Stamp)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective _____ you will be eligible for RESTRICTED Medi-Cal benefits that will allow you to receive emergency medical and pregnancy-related services. You will soon receive a plastic Benefits Identification Card (BIC) in the mail. This card is good as long as you are eligible for Medi-Cal. TAKE THIS CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- ☐ Your application for restricted benefits has been approved.
- ☐ Your application for full benefits is denied. We have granted you, instead, eligibility for emergency medical treatment and pregnancy-related services.

We are taking this action because you are an alien who:

- ☐ Does not have satisfactory immigration status according to information received from the Immigration and Naturalization Service.
- ☐ Lacks documentary proof of satisfactory immigration status for Medi-Cal purposes.
- ☐ Has been admitted to the United States as a nonimmigrant for a limited period of time.
- ☐ Since your income was more than the amount allowed for living expenses, you have a share-of-cost you must pay or obligate to pay toward the costs of medical care received. Your share-of-cost is \$ _____ beginning _____. Your share-of-cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share-of-Cost	\$ _____

MC 239 P (4/01)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-40

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Take your plastic card with you each time you receive medical care. The amount that you must pay or obligate to pay to the providers will be automatically computed. After your total share-of-cost has been paid or obligated, you will not have to pay for medical services received that month from Medi-Cal providers.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL BENEFICIOS LIMITADOS A LOS SERVICIOS MÉDICOS DE EMERGENCIA Y A LOS SERVICIOS RELACIONADOS CON EL EMBARAZO

(County Stamp)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

A partir del _____ Ud. será elegible para los beneficios LIMITADOS de Medi-Cal que le permitirán recibir servicios médicos de emergencia y servicios relacionados con el embarazo. Pronto, Ud. recibirá por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. Esta tarjeta es válida mientras que Ud. sea elegible para recibir servicios de Medi-Cal. **MUÉSTRELE ESTA TARJETA A SU PROVEEDOR MÉDICO SIEMPRE QUE NECESITE ASISTENCIA. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.**

Una afección médica de emergencia es aquella afección que se manifiesta con síntomas agudos de gran gravedad, incluyendo el dolor muy fuerte, que de no tratarse inmediatamente podría poner en grave peligro la salud del paciente, causar problemas graves con las funciones fisiológicas o perjudicar el funcionamiento de cualquier órgano o parte del cuerpo. La emergencia debe ser certificada por un doctor u otro proveedor médico adecuado (de acuerdo a la Sección 51056 del Título 22 del Código de Ordenamientos de California). El Departamento de Servicios de Salud puede examinar la decisión del proveedor sobre la existencia de una emergencia y sobre la justificación médica de ciertos tratamientos de seguimiento recibidos.

Los cuidados relacionados con el embarazo son aquellos servicios necesarios para asegurar el estado saludable de la mujer embarazada o el bebé que todavía no ha nacido. Los cuidados para el embarazo pueden ser proporcionados antes del embarazo y hasta 60 días después del parto.

- ☐ Su solicitud para los beneficios limitados ha sido aprobada.
- ☐ Su solicitud para beneficios completos ha sido denegada. En lugar de beneficios completos le hemos concedido elegibilidad para recibir tratamiento médico de emergencia y servicios relacionados con el embarazo.

Hemos tomado esta decisión ya que Ud. es un extranjero que:

- ☐ No posee un estado de inmigración satisfactorio de acuerdo a la información recibida por el Servicio de Inmigración y Naturalización.
- ☐ No posee la documentación necesaria que pruebe que su estado de inmigración es satisfactorio para la elegibilidad de Medi-Cal.
- ☐ Ha sido admitido a los Estados Unidos por un tiempo limitado como una persona no inmigrante.
- ☐ Debe pagar o comprometerse a pagar una parte del costo del cuidado médico que ha recibido ya que sus ingresos sobrepasan el límite de los gastos necesarios para vivir. Su parte del costo es de \$ _____ a partir del _____. Su parte del costo fue calculada de la siguiente manera:

Ingresos Brutos	\$ _____
Ingresos Netos No Exentos	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____
Ingresos en Exceso/Parte del Costo	\$ _____

MC 239 P (SP) (4/01) (corrected 5/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-42

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Lleve su tarjeta de plástico consigo cada vez que reciba cuidado médico. La cantidad que Ud. debe pagar o comprometerse a pagar a los proveedores será calculada automáticamente. Después de que Ud. haya pagado toda su parte del costo, Ud. no tendrá que pagar por los servicios médicos proporcionados por los proveedores de Medi-Cal ese mes.

Esta acción debe llevarse a cabo como requisito de la Sección 14007.5 del Código de Bienestar e Instituciones y el Código de Ordenamientos de California, Título 22, Sección/es:

Si Ud. tiene alguna pregunta sobre la acción que se ha tomado o si existe mayor información sobre su salud de la que no nos ha informado, póngase en contacto con nosotros por escrito o llámenos por teléfono. Le responderemos a sus preguntas o haremos una cita para verle. Usted debe notificarnos de todos los cambios en su estado de inmigración. Un cambio en su estado de inmigración puede hacerle elegible para recibir beneficios completos de Medi-Cal en lugar de los servicios limitados.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION CHANGE FROM RESTRICTED SERVICES TO FULL BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective _____, you are eligible to receive all the services covered by the Medi-Cal Program rather than the services restricted to treatment of an emergency medical condition or pregnancy-related care. This change in benefits results from the fact that:

- ☐ You are an alien otherwise eligible for Medi-Cal who has declared satisfactory immigration status for Medi-Cal purposes.
- ☐ You are an alien otherwise eligible for Medi-Cal who has provided reasonable evidence of satisfactory immigration status for Medi-Cal purposes.
- ☐ You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act who has passed your five-year disqualification period after applying for amnesty or you are age 65 or older, blind, disabled, under age 18, or a Cuban/Haitian entrant.
- ☐ Since your income exceeds the amount allowed for living expenses, you have a share-of-cost to pay or obligate toward your medical care. Your share-of-cost is \$_____ beginning _____.

Your share-of-cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance need	\$ _____
Excess income/share-of-cost	\$ _____

ALWAYS PRESENT YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal.

This action is required by the Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Section(s):

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 Q (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-44

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL CAMBIO DE SERVICIOS LIMITADOS A BENEFICIOS COMPLETOS

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

A partir del _____, usted reúne los requisitos para recibir todos los servicios cubiertos por el Programa de Medi-Cal, en vez de los servicios limitados al tratamiento de una condición médica de emergencia o cuidado relacionado al embarazo. Este cambio en los beneficios es debido a que:

- ☐ Usted es un extranjero que reúne los otros requisitos para recibir beneficios de Medi-Cal que ha declarado una situación migratoria satisfactoria para propósitos de Medi-Cal.
- ☐ Usted es un extranjero que reúne los otros requisitos para recibir beneficios de Medi-Cal, que ha proporcionado pruebas razonables de situación migratoria satisfactoria para propósitos de Medi-Cal.
- ☐ Usted es un extranjero legalizado, en conformidad con las secciones 210, 210A o 245A del Decreto de Inmigración y Nacionalidad, que ha pasado su período de descalificación de cinco años después de solicitar amnistía, o usted es una persona de edad avanzada (tiene 65 años de edad o más), es ciego, incapacitado, menor de 18 años o un entrante cubano/haitiano.
- ☐ Puesto que sus ingresos exceden la cantidad permitida para gastos necesarios para vivir, usted tiene que pagar u obligarse a pagar una parte del costo de su cuidado médico. Su parte del costo es de \$ _____ a partir del _____.

Su parte del costo se calculó de la manera siguiente:

Ingresos brutos	\$ _____
Ingresos netos que no son exentos	\$ _____
Ingresos necesarios para mantenerse	\$ _____
Ingresos en exceso/parte del costo	\$ _____

SIEMPRE PRESENTE SU TARJETA DE PLÁSTICO A SU PROVEEDOR MÉDICO CADA VEZ QUE NECESITE OBTENER CUIDADO. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal.

Esta acción la exige la sección 14007.5 del Código de Bienestar e Instituciones, así como la(s) siguiente(s) sección(es) del Código de Ordenamientos de California:

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 Q (SP) (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-45

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPLICATION FOR RETROACTIVE EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

We have reviewed all the information in your case file which relates to your application for retroactive emergency medical and pregnancy-related services. Our findings are indicated below.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- ☐ You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____.
- ☐ Since your income was more than the amount allowed for living expenses, you must pay or obligate to pay a share of the cost of your medical care.

	MONTH 1	MONTH 2	MONTH 3
Gross Income	\$ _____	\$ _____	\$ _____
Net Nonexempt Income	\$ _____	\$ _____	\$ _____
Maintenance Need	\$ _____	\$ _____	\$ _____
Excess Income/Share-of-Cost	\$ _____	\$ _____	\$ _____

- ☐ You are not entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ for the following reasons:
- ☐ A plastic Benefits Identification Card (BIC) will be sent to you in the mail soon. TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE IN THE ABOVE MONTHS. Your Plastic Card will show your provider if you have a share-of-cost to pay. The amount that you pay or are obligated to pay the medical providers will be automatically computed. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

This action does not affect your application for current and continuing Medi-Cal. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 S (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-46

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL SOLICITUD PARA RECIBIR SERVICIOS RETROACTIVOS MÉDICOS DE EMERGENCIA Y RELACIONADOS AL EMBARAZO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Hemos revisado toda la información en su expediente que se relaciona a su solicitud para recibir servicios retroactivos médicos de emergencia y los relacionados al embarazo. A continuación se encuentran nuestros resultados.

El cuidado relacionado al embarazo significa los servicios que se requieren para asegurar la salud de la mujer embarazada o del bebé por nacer. El cuidado de embarazo se puede proporcionar prenatalmente y hasta 60 días después del parto.

- ☐ Usted tiene derecho a recibir beneficios limitados de Medi-Cal para servicios de emergencia y los relacionados al embarazo durante _____.
- ☐ Puesto que sus ingresos excedieron la cantidad permitida para gastos necesarios para vivir, usted tiene que pagar u obligarse a pagar una parte del costo de su cuidado médico.

	MES 1	MES 2	MES 3
Ingresos Brutos	\$ _____	\$ _____	\$ _____
Ingresos Netos que no Están Exentos	\$ _____	\$ _____	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____	\$ _____	\$ _____
Ingresos en Exceso/Parte del Costo	\$ _____	\$ _____	\$ _____

- ☐ Usted no tiene derecho a recibir beneficios limitados de Medi-Cal para servicios de emergencia y relacionados al embarazo durante _____ debido a las siguientes razones:
- ☐ Pronto, se le enviará por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. LLEVE ESTA TARJETA DE PLÁSTICO A CADA UNO DE LOS PROVEEDORES MÉDICOS DE LOS CUALES RECIBIO SERVICIOS DURANTE LOS MESES MENCIONADOS ARRIBA. Su Tarjeta de Plástico le indicará a su proveedor si usted tiene que pagar una parte del costo. La cantidad que usted pague o la que se comprometa u obligue a pagar a los proveedores médicos se calculará automáticamente. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.

Esta acción la exige la sección 14007.5 del Código de Bienestar e Instituciones, así como, las siguientes secciones; del Título 22 del Código de Ordenamientos de California:

Esta acción no afecta su solicitud para recibir beneficios actuales o continuos de Medi-Cal. Si tiene alguna pregunta o si existe información adicional relacionada a sus circunstancias que no nos ha reportado, por favor escriba o llame por teléfono. Le contestaremos sus preguntas por teléfono, por escrito o haremos una cita para verle en persona.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 S (SP) (7/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SNEEDE V. KIZER FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR PREGNANT WOMEN AND INFANTS (INCOME DISREGARD, 200 PERCENT [%]), CHILDREN AGES 1 THROUGH 5 (133 PERCENT [%]), AND CHILDREN AGES 6 THROUGH 18 (100 PERCENT [%])

Case name	Case number	Effective date (month/year)
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INSTRUCTIONS:

1. Complete this form for **all** of the potential percentage program eligibles whose MBU has a share of cost.
2. **Net Nonexempt Family Income:** enter the **full** net nonexempt income of the percent (%) program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the **Sneede** allocations.
 - a. **If the potential percent (%) program eligible is:**
 - an unmarried pregnant woman, use only her income;
 - a pregnant minor, use her income and her parents' income, if they are in the home;
 - a married pregnant woman, use her and her spouse's income;
 - a child, use the child's and natural/adoptive parents' income, if they are in the MFBU.
 - b. **If the potential percent (%) program eligible and/or his/her responsible relatives are:**
 - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
 - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 and 25.
 - c. **When only the separate children of one spouse want Medi-Cal, full net nonexempt parental income does NOT include income allocations to persons outside of the MFBU.** (Use amount from MC 176 W.1, line 30, for responsible relative net nonexempt income.)

A. NET NONEXEMPT FAMILY INCOME DETERMINATION

1. Name of potential percent (%) program eligible in MBU with SOC					
2. Name of responsible relative number 1					
3. Name of responsible relative number 2					
4. Full net nonexempt income of percent (%) program eligible	\$	\$	\$	\$	\$
5. Full net nonexempt income of responsible relative number 1	\$	\$	\$	\$	\$
6. Full net nonexempt income of responsible relative number 2	\$	\$	\$	\$	\$
7. Total net nonexempt family income (add lines 4, 5, and 6 and enter on B.4.)	\$	\$	\$	\$	\$

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B. ELIGIBILITY DETERMINATION Number of persons in MFBU

1. Name of potential percent (%) program eligible					
2. Potential percent (%) program (check one)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)
3. Enter FPL for percent (%) program shown in B.2. based on the number of persons in MFBU.	\$	\$	\$	\$	\$
4. Enter total net nonexempt family income (from A.7.)	\$	\$	\$	\$	\$
5. Is total net nonexempt family income (B.4.) less than or equal to amount in B.3.?	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program
6. Person number (optional)					
7. Aid code (optional)					
8. MBU number (optional)					

Eligibility Worker signature

Worker number

Computation date

MC 175-5 (8/99)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-49

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5L--QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

A. BACKGROUND

The Medicare Catastrophic Coverage Act (MCCA) of 1988 mandated changes in state Medicaid Programs (Medi-Cal). One of the provisions of MCCA (Section 301) requires that states pay the Medicare Part A and Part B cost-sharing expenses of low income Medicare beneficiaries. Cost-sharing expenses are:

1. premiums;
2. deductibles; and,
3. coinsurance fees.

California was granted a waiver to delay implementation until January 1, 1990 due to the need for state legislation. The Governor signed implementing legislation SB 1413, Chapter 1430, Statutes of 1989 into law on October 2, 1989. Congress repealed a majority of MCCA; however, the QMB provision and other Medicaid sections have been retained. We will not be providing Medi-Cal drug coverage up to the Medicare deductible since the drug provision was one of the Medicare benefits repealed.

The Omnibus Budget Reconciliation Act of 1990 raised the original QMB income level to 100% of the federal poverty level in 1991 and requires that the Title II cost of living increase for a year be disregarded until the publication of the federal poverty level for that year.

B. QMB ELIGIBILITY CRITERIA

1. Requirement

A QMB must:

- a) Meet QMB property requirements. That is, a QMB must meet the property requirement under the regular Medi-Cal program or have net nonexempt property, as determined under QMB methodology, at or below twice that of California's regular Medi-Cal property limits;
- b) Meet the QMB income standard. That is, a QMB must have net nonexempt income at or below 90% of the federal poverty level in 1990, and 100% in 1991 and thereafter;
- c) Be eligible for Part A Medicare hospital insurance with or without a premium; and,
- d) Be otherwise eligible for Medi-Cal, i.e. meet all other Medi-Cal requirements such as California residency and linkage (e.g., being aged, blind, disabled), and be either a qualified alien or a citizen of the United States.

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2. Effective Date

Benefits are effective the first of the month following the date of approval (i.e., the first of the month following the date the county makes the determination of eligibility). There are no retroactive QMB benefits.

C. MEDICARE INFORMATION

1. Scope of Benefits

Medicare Part A hospital insurance includes inpatient hospital care, medically necessary (not custodial) inpatient care in a skilled nursing facility, home health care, and hospice care and other services.

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies.

2. Deductibles and Coinsurance

Both Part A and B have deductibles and coinsurance that vary depending on the service. A deductible must be paid before Medicare will make any payments. Coinsurance is a percentage (generally 20%) charge to the beneficiary of the Medicare approved rate for the particular service.

3. Part A Enrollment

a) Costs

Most Medicare beneficiaries (90%) receive Part A insurance at no cost, i.e., no premium. However, those who have not qualified for free Part A benefits solely because they lack the required amount of SSA-covered employment may purchase Part A with a premium. Very few Medicare beneficiaries choose to purchase Part A due to the high monthly premium. Medi-Cal does not pay for a regular Medi-Cal beneficiary's Part A premium. Medi-Cal does currently pay the Part A deductibles and coinsurance under the Buy-In program if the beneficiary already receives free Part A and has no share of cost or meets the share of cost.

b) Enrollment Period

If an individual is not already receiving Medicare Part A, application for Part A can only be made either:

- During the initial enrollment period (IEP) which is no earlier than three months before age 65 but no later than three months after the individual's 65th birthday;
- After 24 months of receiving Title II disability benefits to be effective in the 25th month;

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- The month after an individual stops working if he/she is over 65;
- When receiving dialysis related health care services including renal transplants; or,
- During the general enrollment period (GEP) of January - March, to be effective the following July for those Medicare beneficiaries who do not enroll in an IEP. They must apply at the Social Security Administration (SSA) office during the GEP. If they fail to do so, they would have to wait until the next year's GEP and would not be eligible for Part A Medicare until July of that year.

c) Penalties

An individual who does not apply for Part A or Part B at the first opportunity is charged a penalty by the SSA. Under the QMB program, the state will pay the penalty for a Medicare beneficiary's late enrollment in Part A.

4. Part B Enrollment

a) Costs

There is a monthly Medicare Part B medical insurance (outpatient/physician care) premium and a Part B annual deductible and a 20% coinsurance charge. Medicare will only pay 80% of the approved Medicare rate. These fees increase each year.

Example:

Assume a Part B beneficiary's first yearly charge is \$500 and that the annual deductible is \$100. The beneficiary would first have to pay \$100 (the annual deductible) and if the \$500 were the approved Medicare rate, the beneficiary also would pay 20% of \$400 or \$80.

b) Enrollment Period

QMB Part B enrollment criteria for an individual is the same as Part A enrollment; however, the general or IEP is waived for DHS under the Buy-In agreement and we may begin paying the Part B premium at the time of eligibility or approval, provided the beneficiary is enrolled in Part A.

c) Penalties

There are Part B penalties for late enrollment similar to those of late enrollment for Part A; however, under the Buy-In agreement, the State is not charged a penalty for a Medicare beneficiary's late enrollment in Part B.

5. Federal Financial Participation (FFP)

Although Medi-Cal "buys-in" for medically needy-only (MNOs) beneficiaries because it is cost effective, the Medi-Cal program currently does not receive FFP for payment of Part B premiums for MNOs. With the onset of the QMB program, FFP will become available for the MNOs who are also eligible for the QMB program. Thus, it is to the state's advantage to enroll these individuals with Part A at no cost as QMBs, if eligible.

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6. Referral to SSA for Specific Questions

Beneficiaries with specific questions about Medicare should be referred to SSA at (800) 772-1213. Counties and individuals may request a copy of "The Medicare Handbook" from the U.S. Department of Health and Human Services, Health Care Financing Administration, 6325 Security Boulevard, Baltimore, Maryland 21207 or the local SSA office.

(See Title 22, California Code of Regulations, Section 50777 or the Medi-Cal Eligibility Manual, Section 15 for more information on who should apply for Medicare Part A and Part B.)

D. DUALLY ELIGIBLE QMBS AND QMB-ONLYS

There are two basic groups of QMBs:

1. Those receiving regular, full scope Medi-Cal, either as cash grant recipients [e.g., Supplemental Security Income (SSI) recipients] or MNO beneficiaries, who therefore already meet the Medi-Cal property limits and who have been determined to meet the (QMB) income requirement. This group is dually eligible (i.e., eligible for regular Medi-Cal and QMB benefits).
2. Those eligible as a QMB-only who do not want regular Medi-Cal or who are not eligible for regular Medi-Cal due to property above the regular Medi-Cal property limit.

E. BENEFITS

1. Dually-Eligible Individuals

- a) Those with Part A at no cost

Individuals who have regular Medi-Cal and who also have Medicare Part A at no cost receive no direct benefits by becoming a QMB because we already pay their Part B premiums as well as their Part A and B coinsurance and deductibles (Buy-In) up to the approved rate. As current Medicare/Medi-Cal crossovers, they may already have access to a wider choice of providers since they are not limited to a Medi-Cal contract hospital, i.e., they can go to a non-contract Medi-Cal hospital. As discussed above, it is to the State's advantage to enroll this population in the QMB program, if eligible.

- b) Those who must pay for Part A

Current Medi-Cal beneficiaries who pay a monthly Part A premium will benefit from Medi-Cal paying their Part A premiums.

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c) Those with no Part A

Those Medi-Cal beneficiaries who do not have Part A but who will now enroll in Part A as a QMB may have a wider choice of providers since they would not be limited to a Medi-Cal contract hospital, i.e., they may go to a Medi-Cal non-contract hospital.

2. QMB-Only

a) Those with Part A at no cost

Most of the potential QMB-only applicants receive Part A at no cost and will be applying for Medi-Cal to pay their Part B premiums and their Part A and B coinsurance and deductibles. Thus, the QMB benefit for them would be an increase in monthly spendable income.

b) Those who must pay for Part A

Those who pay for Part A (estimated to be a small number) will also experience an increase in spendable income.

c) Those who have no Part A and may or may not have Part B

Those individuals will now have full Medicare coverage at no expense.

F. VERIFICATION

Counties may verify Part A and B Medicare benefits by viewing the following records:

1. MEDS ;
2. IEVS;
3. SSA Medicare Award Letter;
4. Medicare card ("Hospital" or "HI" indicates Part A; "Medical" or "SMI" indicates Part B)
5. QMB Referral Form (MC 176 QMB-3); or,
6. Any county developed or SSA District Office letter.

G. ENROLLMENT PROCESS

The QMB Referral Form (MC 176 QMB-3) should be used to determine Medicare eligibility. Part I should be completed for the applicant. The applicant should submit this form to SSA for completion of Part II. The form is then returned to the county showing Part A or Part A and B eligibility.

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H. OMB PROCESSING

1. Medically Needy-Only Beneficiaries With Part A At No Cost

Counties should evaluate those medically needy beneficiaries who receive Part A at no cost at the time of application or redetermination. If eligible as a QMB, they would be eligible the month after the month of QMB approval. Since this group receives no additional benefit, they need not be informed of this program; however, counties must ensure they are identified as QMBs on MEDS for funding purposes since California will receive FFP for the Part B premium for these individuals. Note: We already receive FFP for "Pickle Persons" and other cash Medi-Cal beneficiaries.

2. Medically Needy-Only Beneficiaries and AFDC/IHSS Recipients Who Pay For Part A

Counties should inform medically needy beneficiaries and AFDC/IHSS recipients who are paying for Part A about the QMB program at the time of their application or redetermination. If they apply for QMB coverage, the county should send a notice of action (NOA). If eligible, QMB coverage begins the month after the month of QMB approval.

3. Medically Needy Beneficiaries and AFDC/IHSS Recipients Without Part A

If the beneficiary/recipient applies from April to December (or his/her redetermination is during this period and he/she wants to be evaluated as a QMB), the county should inform him/her of the QMB program and instruct him/her to return to the county in January if he/she wishes to apply as a QMB unless he/she has already applied for Part A at an earlier date. The county should send a NOA.

If the beneficiary/recipient applies from January - March (or his/her redetermination is during this period) or has previously signed up for Part A and he/she wants to be evaluated as a QMB, the county shall determine whether he/she is otherwise eligible as QMB, i.e., meets all requirements except for eligibility for Part A.

If otherwise eligible as a QMB and if:

- a) the beneficiary/recipient is on Buy-In, the county will issue a NOA and the MC 176 QMB-3 and refer the person to SSA to enroll in conditional Medicare Part A; or,
- b) the beneficiary/recipient is not on Buy-In, but appears to be eligible for Medicare, (e.g., aged, blind, disabled), the county should evaluate him/her for QMB eligibility and if eligible, refer him/her to SSA and send the appropriate NOA and the MC 176 QMB-3;

If not otherwise eligible as a QMB, the county must send a denial NOA.

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NOTE: If the beneficiary/recipient is not on Buy-In and does not appear to be eligible for Medicare, (e.g., not aged, blind, or disabled), the county should refer him/her to SSA before determining if otherwise eligible since the person probably is not eligible for Medicare. The county should deny the beneficiary/recipient and inform him/her to reapply for QMB benefits after applying for conditional Part A.

4. SSI/SSP recipients without Part A

a) Part A Conditional Enrollees

SSA should refer these individuals to the counties after they sign up for "conditional" Part A. These individuals may have verification showing they have applied for Part A. The county must determine whether they are otherwise eligible as a QMB. These individuals would be eligible in July.

b) Those Who Have Not Enrolled in Conditional Part A

If the individual is currently on the Buy-In program and has not signed up for conditional Part A, the MC 176 QMB-3 may be used during the general enrollment period to sign up for Part A. The county should send the appropriate NOA.

If the individual (whether on Buy-In or not) applies after the GEP and has not signed up for conditional Part A, the county should inform him/her to apply for conditional Part A and reapply at the county in January - March.

c) Application Process

A face-to-face interview is not required for the SSI/SSP recipient who contacts the county to apply for the QMB program. The county should review MEDS to determine if he/she meets the QMB income requirement. (See Section J(4)(d) for detailed instructions).

If his/her total net nonexempt and deemed income exceeds the QMB income limit, the county should send a denial notice and state that the individual may provide verification of income if he/she does not agree with the notice.

If his/her income is below the QMB limit as reported on MEDS, the county should complete the SAWS 1, Sections 1 and 2 and the signature block (counties should indicate QMB Program in the "Other" box). The SAWS 1, the MEDS printout with the income information, and the NOA are the only documents required in the case file. No MC 210 is required. The county shall send to the individual a Notice of Action, the MC 176 QMB-3, and if Part A is not being received, an instruction to apply for Medicare Part A at SSA.

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5. General Public (OMB-Only)

The application process for a QMB-only is the same as for any other Medi-Cal applicant, e.g., a Statement of Facts must be completed, Rights and Responsibilities reviewed, an MC 13 completed and an IEVS referral made.

a) Individuals with Part A

These individuals can be evaluated for QMB eligibility at any time since they already have Part A. The county should send an NOA.

b) Individuals without Part A (whether or not they have Part B)

If these individuals inquire about the QMB program or apply between April and December, the county should advise them to return in January for an eligibility determination unless they have previously signed up for conditional Part A at SSA. The county should also inform them of the Part A requirement and that they may sign up for "conditional" Part A at SSA during the general enrollment period. If the individual actually applied for QMB benefits, the county should send an appropriate NOA.

If these individuals apply in January through March or have previously applied for conditional Part A with SSA, the county should evaluate the individual for QMB eligibility. If otherwise eligible, they should be referred to SSA to apply for conditional Part A benefits unless they have already done so. When Part A eligibility is verified by SSA, these individuals would be eligible for QMB benefits in July. The county should send an NOA.

I. OMB PROPERTY DETERMINATION

1. General

The net nonexempt property of a QMB applicant/beneficiary cannot exceed twice the Medi-Cal property limit as determined under QMB property methodology (Method II as described below in items 5 and 6). Nonexempt property shall be determined in accordance with standard Medi-Cal rules governing property (Title 22, California Code of Regulation (CCR) Article 9).

Note: For purposes of this section, property determinations for QMB applicants also include ongoing property redeterminations for QMB beneficiaries.

2. Property Limit Met

If the QMB applicant is receiving Medi-Cal from another program (e.g., ABD-MN, SSI, AFDC), the QMB property requirement is met. If one or both members of a married couple living together are applying for QMB benefits but only one member is receiving Medi-Cal from another program, the QMB property requirement is met for both members of the couple.

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3. Two Methods for Dual Eligibles

If the QMB applicant is also applying for Medi-Cal under another program at the same time as the QMB application, there are two methods for determining whether the QMB property requirement is met.

- a) Method I: This method is the regular method of determining Medi-Cal eligibility and follows the normal Medi-Cal rules found in Title 22, CCR, Article 9.
- b) Method II: This method is the QMB methodology found in Title 22, CCR, Section 50421 (Property Limit for the QMB Program).

Choosing a Method

For flexibility in determining whether a QMB applicant meets the QMB property limit, the eligibility worker (EW) may choose the method he/she believes would permit eligibility to the QMB program. However, since the QMB applicant is also applying for regular Medi-Cal, it is likely that the EW will first use Method I to determine whether the QMB property requirement is met. IF INELIGIBILITY RESULTS FROM METHOD I, THE EW **MUST EVALUATE ELIGIBILITY UNDER METHOD II TO DETERMINE IF QMB PROPERTY ELIGIBILITY CAN BE ESTABLISHED.**

4. QMB-Only

If the QMB applicant is applying as a QMB-only, only Method II (See above) should be used.

5. QMB Methodology (Method II) for Determining Property When the QMB Applicant is 18 years of Age or Older or is Married

- a. Only consider the property of the QMB applicant (and spouse, if any). Do **NOT** consider the property of any other family members in the home.
- b. Determine the net nonexempt property in accordance with Article 9.
- c. Compare the net nonexempt property to twice the Medi-Cal property limit for one person (or twice the property limit for two persons if the spouse is at home, regardless of whether the spouse is a QMB applicant/beneficiary).
- d. If the result in Step (c) is equal to or less than twice the Medi-Cal property limit shown in that step, then the QMB property requirement is met.
- e. If the result in Step (c) exceeds twice the Medi-Cal property limit shown in that step, then the applicant is ineligible for QMB due to excess property.

Note: The QMB applicant in this situation is an adult under Method II even if he/she is between 18-21 years of age and would be treated as a child in determining eligibility for regular Medi-Cal as specified in Title 22, CCR, Section 50030 (e.g., is a blind or disabled MN person who is 18 to 21 years of age, living in the home of a parent and currently in school).

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Example 1

Joe and Jackie are married and living together with their three minor children. Joe has been receiving Social Security disability (not SSI) for two years and is now eligible for Medicare. He is applying for QMB benefits for himself. Neither he nor Jackie receive Medi-Cal from any other program and they do not wish to. Joe and Jackie have nonexempt property which consists of a checking and savings account. The lowest balance in the month of application is \$5,000. Their three children have separate trust accounts created by their grandparents. The total value of the trust accounts is \$20,000. Joe's and Jackie's names do not appear on any of the trust documents. The EW uses Method II since Joe is applying as a QMB-only. The EW will only consider Joe's and Jackie's own property and will ignore the children's trust accounts.

1. \$5,000 = Joe's and Jackie's own net nonexempt property
2. COMPARE TO \$6,000 (twice the Medi-Cal property limit for two)
3. Joe meets QMB property requirements since \$5,000 is less than \$6,000

Example 2

Kyle is 20 years old, totally disabled and residing with his mother. Kyle has been receiving Social Security benefits as a disabled adult child on his mother's Social Security Account and is eligible for Medicare. He is not on SSI and is in school. Kyle has \$300 in net nonexempt resources. His mother has \$3,100 in net nonexempt resources. Kyle and his mother now want to apply for regular Medi-Cal and Kyle wants QMB coverage.

1. Since Kyle is applying for regular Medi-Cal, the EW will determine property under regular Medi-Cal rules. Under Title 22, CCR, Section 50030, Kyle is a child living in the home of a parent. The MFBU consists of Kyle and his mother. Their total nonexempt property is \$3400. Since the Medi-Cal property limit for two is \$3000, they are ineligible due to excess resources.
2. The EW now evaluates whether Kyle is eligible as a QMB. Under Method II, Kyle is considered an adult and there is no deeming of any other family member's resources except for those of a spouse. Since Kyle is not married, only his own resources are considered. His total resources are \$300. Therefore, Kyle meets the QMB property requirement.

6. QMB Methodology (Method II) When the Applicant is Under Age 18

Under the QMB program, a child under age 18 would be eligible for QMB benefits only under certain circumstances since children under age 18 are not normally eligible for Medicare. Persons may be eligible for Medicare at any age if they need maintenance dialysis or a kidney transplant for permanent kidney failure (chronic renal disease). Therefore, a child under age 18 would be eligible for Medicare only if he/she were determined to have chronic renal disease. This would be the only situation when a child under 18 would be eligible to the QMB program.

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a. There Is Only One QMB Child

- (i) Consider only the property of the parent(s) and/or stepparent in the home and the property of the QMB child applicant. Do **NOT** consider the property of any other family members.
- (ii) Determine the parent(s)' net nonexempt property in accordance with Article 9.
- (iii) Subtract the property limit for one person (if two parents, subtract the Medi-Cal property limit for 2 persons) from the parent(s) net nonexempt property. The net result will be the amount of property allocated to the child QMB applicant.
- (iv) Add the property allocated from the parent (Step (iii)) to the child QMB applicant's own net nonexempt property.
- (v) Compare the result from Step (iv) to twice the Medi-Cal property limit for one person.
- (vi) If the result from Step (iv) is less than or equal to twice the Medi-Cal property limit for one person, the QMB property requirement is met.
- (vii) If the result from Step (iv) is greater than twice the Medi-Cal property limit for one person, the child QMB applicant is ineligible due to excess property. If there is more than one child QMB applicant in the home, proceed to item b. below.

Example 3

Sandy is 7 years old and has chronic renal disease. She receives Medicare but no Medi-Cal from any other program. She is applying as a QMB-only. She lives with her mother, Carol, who has a savings account of \$5000 and no other property. Sandy has no property of her own. The EW uses Method II to determine her property eligibility.

1. Allocation from parent:

Carol's savings:	\$5,000
Medi-Cal property limit for one:	- <u>2,000</u>
Remainder to be allocated:	\$ 3,000

2. Sandy's property and parental allocation:

Sandy's net nonexempt property:	0
Allocation from parent	+ <u>3,000</u>
Total nonexempt property	\$ 3,000

3. COMPARE TO TWICE THE MEDI-CAL
PROPERTY LIMIT FOR ONE PERSON:

\$4,000

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4. Sandy meets the QMB property requirement.

b) There is More Than One Child QMB Applicant

1. Use this methodology if there are multiple QMB children residing with their parent(s)/stepparent. Under this methodology, allocation of parental (including stepparents) net nonexempt resources are divided equally among QMB eligible children. This entire process must be recalculated if at any time one or more of these QMB children is or becomes ineligible for QMB benefits as a child, for example, due to excess property, attainment of age 18 so that the QMB child becomes a QMB adult, or eligibility for Medicare ceases (disability ends).

Example 4

Ann and Andy are twins. They are both 14 years old, residing at home with their mother Anna, stepfather Aaron, and a young stepsister, Angela. Ann and Andy have chronic renal disease and have been receiving Medicare (Parts A and B). They are not on SSI and do not receive Medi-Cal from any other program. Ann has a savings account with a value of \$4,000 and no other property. Andy has a savings account with a value of \$2,000 and no other property. Their mother and stepfather have combined net nonexempt property totaling \$5,000. Both Ann and Andy are applying as QMB-only's.

Ann

1. Parents' property:

\$5,000 mother and stepfather's nonexempt property
- 3,000 property limit for two persons
\$2,000 remainder

2. Parental Allocation of Property to Ann:

Divide \$2,000 by the number of QMB children (2) = \$1,000 each to be allocated to Ann and Andy.

3. Ann's Property Plus Parental Property Allocation:

\$1,000 property allocated from parents
+ 4,000 Ann's savings account
\$5,000 combined net nonexempt property

4. COMPARE TO \$4,000 (twice the Medi-Cal property limit for one person)

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5. Ann is ineligible for QMB due to excess property. Therefore, the property allocation from her parent and stepparent (\$1,000) is now allocated to Andy, the remaining child QMB applicant. The new allocation from his parent and stepparent is \$2,000 (\$2,000 parental allocation divided by one QMB child).

Andy

1. Andy's Property Plus Parental Allocation:

\$2,000 property allocated from parent and stepparent
+ \$2,000 Andy's savings account
\$4,000 combined nonexempt property

2. COMPARE TO \$4,000 (twice the Medi-Cal property limit for one person.)
3. Andy has met the QMB property requirement since his net nonexempt property does not exceed \$4,000 (twice the Medi-Cal property limit.)

Example 5

Jake is 15 years old, has chronic renal disease, and is receiving Medicare (Parts A and B). He lives with his father, Jason, and his mother Janet. They are also disabled and have been receiving Social Security benefits for two years. Jason and Janet are eligible for Medicare. None of the three are on SSI. They do not receive Medi-Cal under any other program and only want to receive QMB coverage. Their property consists of the following:

Jason (father)	\$3,000 cash surrender value of life insurance
Janet (mother)	+ \$2,000 stocks and bonds
Jason and Janet	<u>\$2,000</u> joint bank accounts
TOTAL (parent's)	\$7,000
Jake (son)	\$3,000 savings account

1. Property eligibility determination for Jason and Janet (parents)

Method II is used since neither are applying for or receiving regular Medi-Cal

- a. \$7,000 total net nonexempt property
- b. COMPARE TO \$6,000 (twice the Medi-Cal property limit)
- c. Jason and Janet are not eligible for the QMB program because their net nonexempt property exceeds twice the Medi-Cal Property limit.

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Note: If either or both had been eligible, none of their property would be allocated to Jake in determining whether he meets the QMB property requirement.

2. Property determination for Jake:

Method II is used.

a. Parental allocation:

\$7,000 Total nonexempt property of parents
-3,000 Medi-Cal property limit for two persons
\$4,000 remainder

b. \$4,000 parental allocation
+3,000 Jake's savings account
\$7,000 Jake's net nonexempt property

c. COMPARE TO \$4,000 (twice the Medi-Cal property limit for one)

d. Jake is ineligible for the QMB program because he has excess property.

J. QMB INCOME DETERMINATION

NOTE: Amounts such as the federal benefit rate or standard allocation referred to below will be provided to counties annually.

1. Income Eligibility Criteria--Overview

Section 50258, Title 22, CCR, requires a QMB applicant to have net nonexempt income which does not exceed 90 percent of the official federal poverty level beginning January 1, 1990 and 100 percent on January 1, 1991 and thereafter. This information will be provided annually to counties when applicable.

2. Income Eligibility Determination Process - Overview

a) Medi-Cal Income Methodology - Overview

Section 50570, Title 22, CCR, requires when determining the eligibility of a QMB adult, couple or child, the net nonexempt income shall first be determined using Medi-Cal income methodology. This includes all applicable provisions of Article 8, Medi-Cal Family Budget (MFBUE), and Article 10, Income, with the following exceptions:

- health insurance and Medicare premium deductions are not allowed; and
- deductions for Impairment Related Work Expenses (IRWE) are allowed.

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IRWE, as defined in Title 22, CCR, Section 50045.1, are those expenses of a working disabled QMB necessary to become or remain employed. This deduction is only allowed for the QMB applicant/beneficiary. The IRWE must be paid by the applicant/beneficiary to be allowed. Any payment made by a third party (e.g., Department of Rehabilitation) is not allowable.

b) **SSI Income Methodology - Overview**

If ineligibility results after using Medi-Cal methodology, and there is an ineligible spouse (with or without children) living with the QMB applicant, net nonexempt income shall be determined using SSI income methodology. Because SSI income methodology allows for deductions not allowed under Medi-Cal and only considers the income of the QMB applicant and the spouse/parent of the applicant, there may be particular family circumstances where SSI income methodology is less restrictive than Medi-Cal income methodology. SSI income methodology allows the ineligible spouse of a QMB applicant to reduce his/her gross nonexempt income by:

- Allocating income to an ineligible minor child(ren) residing with the applicant (referred to as the "actual allocation"), by subtracting any income the child(ren) may have from an amount known as the "Standard SSI Allocation".
- If the remaining income of the ineligible spouse after the allocation to the ineligible minor child(ren) is equal to or less than the Standard SSI Allocation amount, the income shall be considered exempt. If there are no ineligible children to allocate to and the ineligible spouse's income is equal to or less than the Standard SSI Allocation amount, it is also exempt.

3. **Medi-Cal Income Methodology**

a) **Medi-Cal Income Determination Form**

In order to determine the net nonexempt income of a QMB applicant using Medi-Cal income methodology, the basic format of the MC 176 M (Share of Cost Determination Form) has been modified. This form (MC176 QMB1) accommodates all the provisions of Article 8 (MFBU) and Article 10 (Income) of the Medi-Cal Eligibility Manual.

b) **Income Eligibility Determination Process**

Determine the net nonexempt income using Medi-Cal income methodology in the following order:

- 1) Determine the members of the MFBU both eligible and ineligible, as specified in Article 8.

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- 2) Determine the gross nonexempt income of all members of the MFBU, as defined in Article 10. Do not include any Public Assistance (PA) when determining the gross nonexempt income. Under Medi-Cal methodology, income and deductions shall be apportioned, if applicable, as specified in Article 10.
- 3) Allow all applicable deductions. Any Aged, Blind or Disabled--Medically Needy (ABD - MN) deductions of the QMB applicant and his/her spouse can be determined using Section VI (ABD INCOME DEDUCTIONS) of the MC 176W (Allocation/Special Deduction Worksheet). Any deductions that are applicable to any Aid to Families with Dependent Children - Medically Needy/Medically Indigent (AFDC - MN/MI) members of the MFBU can be determined using Section IV (AFDC MN/MI Earned Income Deductions) of the MC 176 W. IRWE deductions are entered on the MC 176 QMB/SLMB1. Do not allow any deductions for Medicare or health insurance premiums.
- 4) Determine the net nonexempt income.
- 5) Compare the net nonexempt income to the appropriate poverty level for the number of members in the MFBU. If the net nonexempt income is equal to or less than the federal poverty level (FPL), the QMB applicant is income eligible. If the net nonexempt income exceeds the FPL for the MFBU, and certain family circumstances exist, attempt to establish income eligibility using SSI methodology.

4. SSI Income Methodology

a) QMB Applicants Ineligible Using Medi-Cal Income Methodology

If after using Medi-Cal income methodology, the net nonexempt income exceeds the appropriate FPL for the MFBU, determine the QMB income eligibility using SSI income methodology if family circumstances include an ineligible spouse with or without an ineligible minor child(ren) who resides with the QMB applicant.

b) SSI Income Determination Form

In order to determine the net nonexempt income of a QMB (adult) applicant using SSI income methodology, the MC 176 QMB/SLMB2A was developed. This form accommodates all income and deductions for a QMB adult, ineligible spouse, or a couple. It also provides for the determination of an actual allocation to an ineligible child(ren) who resides with the QMB applicant and his/her ineligible spouse as well as the QMB income eligibility determination.

c) Income Eligibility Determination Process--QMB Adults

Determine the net nonexempt income of the QMB applicant using SSI income methodology in the following order:

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- 1) Determine the gross nonexempt income of the QMB applicant, his/her spouse and ineligible child(ren) who reside with the QMB applicant. SSI income methodology requires that actual income be used to determine gross nonexempt income. Therefore, the apportionment of income and deductions are not applicable using SSI income methodology.
- 2) Determine any actual allocation to the ineligible minor child(ren) residing with the QMB applicant from the ineligible spouse using Section II of the MC 176 QMB/SLMB2A. The actual allocation is only allowed from an ineligible spouse. Do not allocate from a QMB applicant. Subtract any income the child(ren) may have from the Standard SSI Allocation. (Do not include any PA or other PA.) The remainder is the actual allocation amount. If the ineligible minor child(ren) is a student, allow the Student Income Deduction.

NOTE: Under SSI Income Methodology, an eligible minor child is defined as any child under eighteen years of age and unmarried. For purposes of an allocation to ineligible children, however, an ineligible child is defined as any unmarried child under 18 years of age as well as an unmarried child 18 to 21 years of age who is a full-time student.

- 3) Determine if the remaining income of the ineligible spouse, after the allocation to ineligible minor children, is less than the Standard SSI Allocation. If so, it shall be considered exempt. This also applies to an ineligible spouse with no child(ren). Section III of the MC 176 QMB/SLMB2A can be used to make this determination.

Note: Section III is used for evaluation purposes only. If the remaining income of the ineligible spouse exceeds the Standard SSI Allocation amount, include the gross income and any applicable allocations to minor ineligible children in Section I.

- 4) Determine the net nonexempt income. Allow all applicable deductions as indicated on the MC 176 QMB/SLMB2A. These deductions include: the \$65 and 1/2 deduction; the IRWE deduction; allocation to ineligible child(ren); and the \$20 Any Income Deduction.
- 5) Compare the net nonexempt income to the appropriate FPL. Since SSI income methodology only considers the income of the applicant and spouse, determine the appropriate FPL as follows: use the FPL for one, if only the QMB applicant's income is used; or the FPL for two, if the QMB applicant's income is combined with income of the spouse. If the net nonexempt income is less than or equal to the appropriate FPL, the QMB applicant is income eligible.

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d) **SSI/SSP QMB Applicants**

Since SSA has already determined the net unearned, earned and deemed income of an SSI/SSP recipient, use the SDX Inquiry screen (QX on MEDS) to determine the total net nonexempt income. If the net nonexempt income is equal to or less than the applicable percentage of the FPL for one, the applicant is income eligible for QMB. The MC 176 QMB/SLMB2A or a print-out of the inquiry screen may be used to document the net nonexempt income of the QMB applicant.

If an SSI couple is applying for QMB, use the individual SDX (QX on MEDS) Inquiry screen for each applicant and determine the income eligibility separately using the FPL for one.

As previously stated, a face-to-face interview is not required for this group of applicants; a telephone inquiry is sufficient. The county need only complete Sections 1 and 2 of the SAWS 1 and sign the application on behalf of the applicant. If the SDX information indicates income ineligibility, the applicant has the right to provide income verification and have his/her income eligibility determined using either the Medi-Cal or SSI methodology, if applicable. Do not include PA income.

5. **QMB Children Applicants**

A QMB child applicant with net nonexempt income which exceeds the current FPL for the MFBU using Medi-Cal income methodology shall next be evaluated for income eligibility using SSI income methodology, if family circumstances include ineligible parents with or without ineligible siblings who reside with the QMB child applicant.

a) **QMB Applicants Under Eighteen Years of Age**

Only children receiving renal dialysis can receive Medicare at any age (if the parents have sufficient work quarters). SSI Income Methodology allows allocations to ineligible minor children and certain income deductions for an ineligible parent(s) who resides with the QMB applicant. Only unmarried QMB child applicants under eighteen years of age shall have their net nonexempt income determined using the QMB child income eligibility determination process.

NOTE: Under SSI methodology, persons who are married or eighteen years and older are considered adults.

- b) In order to determine the net nonexempt income of a QMB child using SSI income methodology, the MC 176 QMB/SLMB2B was developed. This form accommodates all income and deductions for the ineligible parent(s) with or without minor ineligible children and allocations to the ineligible minor child(ren).

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c) QMB Child Income Eligibility Determination Process

Determine the net nonexempt income of the QMB child in the following order:

- 1) Determine the actual gross unearned income of the ineligible parent(s);
- 2) Determine the actual allocation to the ineligible minor child(ren) from the ineligible parent(s) (Section II). Subtract the actual allocation, first, from the gross unearned income of the ineligible parent(s). Any unused portion of the allocation is subtracted later from earned income;
- 3) Subtract the \$20 any income deduction;
- 4) This gives the countable unearned income;
- 5) Determine actual gross earned income;
- 6) Subtract any unused portion of the actual allocation to ineligible minor children;
- 7) Subtract \$65 and any unused portion of the \$20 any income deduction;
- 8) Divide by two and subtract;
- 9) This gives the countable earned income;
- 10) Determine total countable income by adding countable unearned and countable earned income;
- 11) Subtract the parent deduction. The parent deduction is the monthly federal benefit rate (FBR) for a couple if both parents live in the home or it is the FBR for an individual only if one parent without a spouse lives in the home;
- 12) This gives the allocation to the QMB child from the ineligible parent(s);
- 13) Use Section III to determine the QMB child's net nonexempt income. Enter the countable income of the ineligible parent(s);
- 14) Add any earned or unearned income of the QMB child. If the QMB child is a student, he/she is entitled to a student deduction of \$1620 per year as specified in Title 22, CCR, Section 50551;
- 15) Allow the \$20 Any Income Deduction, IRWE and the \$65 and 1/2 Earned Income Deduction, if applicable;
- 16) Determine the net nonexempt income of the QMB child; and
- 17) Compare this amount to the current FPL for one. If the net nonexempt income of the QMB child is equal to or less than the FPL, the child is income eligible for the QMB program.

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Example #1

Robert Williams is a single man who receives a Social Security benefit of \$465 per month. He is currently not on Medi-Cal but will apply at the same time he applies as a QMB. He currently pays his own Part B Medicare premium of \$31.90 (1989 amount) each month.

QMB INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - One
- 2) Determine the Net Nonexempt Income
 - \$465 Gross Unearned Income
 - \$ 20 Any Income Deduction
 - \$445 Net Nonexempt Income
- 3) Compare the Net Nonexempt Income to the Federal Poverty Level (FPL) for the appropriate MFBU.

Assume the net nonexempt income of \$445 is equal to or less than the current FPL for one; Mr. William's income eligible for QMB.

Medi-Cal Share of Cost Determination

- \$465 Gross Unearned Income
- \$ 20 Any Income Deduction
- \$445
- \$ 32 Medicare Premium Deduction
- \$413 Net Nonexempt Income
- \$600 Maintenance Need (One)
- \$ 0 Share of Cost

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Example #2

Steven Baker is applying for both QMB and Medi-Cal. He receives a monthly Social Security benefit of \$325. He is also employed part-time with an insurance company. He earns \$400 (gross) per month. Mr. Baker rents an electric wheelchair which is necessary for him to continue working. The monthly rental cost of the wheelchair is \$150. Steven's wife, Wilma, receives a monthly pension of \$192 from her union. Steven pays a monthly Medicare Part B Premium of \$31.90 per month.

QMB INCOME ELIGIBILITY DETERMINATION USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - Two
- 2) Determine the Net Nonexempt Income
 - \$325.00 Steven's Gross Unearned Income
 - + \$192.00 Wilma's Gross Unearned Income
 - \$517.00
 - \$ 20.00 Any Income Deduction
 - \$497.00 Net Unearned Income
 -
 - \$400.00 Steven's Gross Earned Income
 - \$ 65.00 Earned Income Deduction
 - \$335.00
 - \$150.00 IRWE
 - \$185.00
 - x 1/2 Earned Income Deduction
 - \$ 92.50 Net Earned Income
 - + \$497.00 Net Unearned Income
 - \$589.50 Net Nonexempt Income
- 3) Compare the Net Nonexempt Income to the current FPL for the appropriate MFBU.

Assume the net nonexempt income of \$590 (rounded) is equal to or less than the current FPL for two; Mr. Baker is income eligible for QMB.

Medi-Cal Share of Cost Determination

	\$400.00	Steven's Gross Earned Income
-	<u>\$ 65.00</u>	Earned Income Deduction
	\$335.00	
x	<u>1/2</u>	Earned Income Deduction
	\$167.50	
+	<u>\$497.00</u>	Net Unearned Income
	\$664.50	
-	<u>\$ 31.90</u>	Health Insurance Deduction
	\$632.60	Nonexempt Income
-	<u>\$934.00</u>	MN (Two)
	\$ 0	Share of Cost

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Example #3

Sam Ito is a disabled individual applying for QMB benefits only. Sam, his wife Emiko, and their two children, Michael and Rose, all receive Social Security benefits. Sam receives a monthly disability benefit of \$460. Emiko receives a monthly Social Security benefit of \$250. Michael and Rose each receive a monthly benefit of \$135.

QMB INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU.
- 2) Determine the Net Nonexempt Income using the MC 176 QMB1.
- 3) Compare the Net Nonexempt Income to the current FPL for the appropriate MFBU. Assume Mr. Ito is ineligible under this method.

Since Mr. Ito's net nonexempt income exceeds the current FPL for an MFBU of four, he is income ineligible for the QMB program using Medi-Cal methodology. Since there is an ineligible spouse in the home, determine the net nonexempt income using SSI Income Methodology.

USE SSI INCOME METHODOLOGY NEXT

- 1) Determine the actual allocation to ineligible children as follows: Determine the Standard SSI Allocation for ineligible minor children using Section II of the MC 176 QMB/SLMB2A. Assume this amount is \$185. Subtract the children's own income. The student deduction does not apply because the children's income is unearned.

Child -	Michael	Rose
Standard SSI Allocation	\$185	\$185
Less Any Income of child	- <u>\$135</u>	<u>\$135</u>
Actual Allocation	\$ 50	\$ 50 = \$100

Subtract the actual allocation amount, first, from the unearned income of the ineligible spouse. Any unused allocation can be deducted from the gross earned income of the ineligible spouse.

- 2) Determine if the remaining income of the ineligible spouse, after the deduction to ineligible children if applicable, can be exempt.

\$250 Emiko's Unearned Income
- \$100 Total allocation to the ineligible minor children
(\$ 50 + \$50)
\$150 Net Unearned Income (less than \$185 - Exempt)

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- 3) Determine the Net Nonexempt Income using the MC 176 QMB2A.

+	\$460	Sam's Unearned Income
-	<u>\$ 20</u>	Any Income Deduction
	\$440	Net Nonexempt Income

- 4) Compare the Net Nonexempt Income to the appropriate FPL.

Since the income of the ineligible spouse was not combined with the applicant's income, the appropriate FPL is one.

Assume the net nonexempt income is less than or equal to the appropriate FPL for one; Mr. Ito is income eligible using SSI Income Methodology.

Example #4

Jason Peters is 15 years old and receiving renal dialysis. He is currently paying for his Part A Medicare. He receives a monthly Social Security benefit of \$150. Jason's father, Stephen, is employed as a mechanic. He earns \$1,900 (gross) per month. Jason's mother, Brenda, has no income. Jason has an infant brother, Bobby.

QMB CHILD INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - Four
- 2) Determine the Net Nonexempt Income using the MC 176 QMB1.

	\$ 150.00	Jason's SSA
-	<u>\$ 20.00</u>	Any Income Deduction
	\$ 130.00	
	\$1,900.00	Stephen's Gross Earned Income
-	<u>\$ 65.00</u>	Earned Income Deduction
	\$1,835.00	
x	<u>1/2</u>	Earned Income Deduction
	\$ 917.50	
+	<u>\$ 130.00</u>	Jason's Net Unearned Income
	\$1,047.50	Net Nonexempt Income to be compared to the FPL for the appropriate MFBU.

Assume the net nonexempt income of \$1,048 (Rounded) exceeds the FPL for four; income ineligible using Medi-Cal Income Methodology. Attempt to establish income eligibility using SSI Income Methodology.

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USE SSI INCOME METHODOLOGY NEXT

- 1) Determine the actual allocation to ineligible minor children as follows: Determine the Standard SSI Allocation to the ineligible minor children using Section II of the MC 176 QMB/SLMB2A. Assume this amount is \$185. Subtract the children's own income.

	\$185	Standard SSI Allocation
-	\$ 0	Less Any Income of Child
	\$185	Actual Allocation Amount to Bobby

Subtract the actual allocation first, from the unearned income of the ineligible parent(s). Any unused allocation can be deducted from the gross earned income.

- 2) Determine the Parent Deduction

Since both parents live with Jason the actual parent deduction is the federal benefit rate for a couple. Assume the parent deduction for a couple is \$553.

- 3) Determine the allocation from the ineligible parent(s) to the QMB child.

	\$ 0	Unearned Income
	\$1,900	Gross Earned Income
-	\$ 185	Actual Allocation Amount to Ineligible child
	\$1,715	
-	\$ 20	Unused Any Income Deduction
	\$1,695	
-	\$ 65	Earned Income Deduction
	\$1,630	
x	1/2	Earned Income Deduction
	\$ 815	Countable earned income
+	0	Countable unearned income
	\$ 815	Total countable income
-	553	Subtract parent deduction (Couple)
	\$ 262	Allocation to QMB Child

- 4) Determine the QMB Child's Income Eligibility.

	\$262	Allocation from the ineligible parents
+	\$150	Jason's SSA
-	\$ 20	Any Income Deduction
	\$392	Net Unearned Income

- 5) Compare the Net Nonexempt Income of the QMB Child to the FPL for one.

Assume the net nonexempt income of \$392 is equal to or less than the FPL for one; income eligible for QMB.

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Example #5

Emilio Sanchez is ten years old and receiving renal dialysis. He receives a monthly Social Security benefit of \$175. His father, Roberto, also receives a monthly Social Security benefit of \$450. Only Emilio is applying for QMB. Emilio's mother, Charlene, is a nursing assistant. She earns \$1,600 (gross) per month. Roberto and Charlene have another son, Roberto Jr.

QMB CHILD INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - Four
- 2) Determine the Net Nonexempt Income using the MC 176 QMB/SLMB1.

	\$ 175.00	Emilio's SSA
+	\$ 450.00	Roberto's SSA
	\$ 625.00	
-	\$ 20.00	
	\$ 605.00	Net Unearned Income
	\$1,600.00	Charlene's Gross Earned Income
-	\$ 65.00	Earned Income Deduction
	\$1,535.00	
x	1/2	Earned Income Deduction
	\$ 767.50	Net Earned Income
+	\$ 605.00	Net Unearned Income
	\$1,372.50	Net Nonexempt Income
- 3) Compare the Net Nonexempt Income to the FPL for the appropriate MFBU.

Assume the net nonexempt income of \$1,373 (Rounded) exceeds the current FPL for four; income ineligible using Medi-Cal Income Methodology. Attempt to establish income eligibility using SSI Income Methodology.

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USE SSI INCOME METHODOLOGY NEXT

- 1) Determine the actual allocation to all ineligible minor children as follows: Determine the Standard SSI Allocation to the ineligible minor child(ren) using Section II of the MC 176 QMB/SLMB2B. Assume this amount is \$185. Subtract the child's own income. (Roberto, Jr. has \$0 income.) The actual allocation is \$185.

Subtract the actual allocation first from the unearned income of the ineligible parent(s). Any unused allocation can be deducted from the gross earned income.

\$ 450.00	Roberto's SSA
- 185.00	Actual Allocation to Roberto, Jr.
- <u>20.00</u>	Any Income Deduction
\$ 245.00	Countable Unearned Income

\$1,600.00	Charlene's Gross Earned Income
- 65.00	Earned Income Deduction
- <u>767.50</u>	One half of remainder
\$ 767.50	Countable Earned Income

- 2) Determine the Parent Deduction of the QMB Child. Assume the parent deduction for a couple is \$553.

- 3) Determine allocation from income of the ineligible parents to the QMB child using the MC 176 QMB/SLMB2B.

\$ 245.00	Countable Unearned
+ <u>767.50</u>	Countable Earned
\$ 1,012.50	Total Countable Income
- <u>\$ 553.00</u>	Parent Deduction
\$ 459.50	Allocation to QMB Child

- 4) Determine the QMB Child Income Eligibility.

\$ 459.50	Allocation from Ineligible Parents
+ 175.00	Emilio's Own SSA
- <u>20.00</u>	
\$ 614.50	

- 5) Compare the Net Nonexempt Income of the QMB Child to the FPL for one. Assume FPL for one is \$581. Emilio is ineligible.

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K. QUESTIONS AND ANSWERS

Program

1. Is an IEVS check required for a QMB?

Answer: A QMB-only applicant must be otherwise eligible for Medi-Cal and is therefore subject to applicable Medi-Cal regulations and the regular application process including an IEVS check. Dually eligible QMB applicants including SSI/SSP recipients have already had an IEVS check when their income and property were reviewed during the application process.

2. If QMB benefits begin the month after the month of QMB approval, is this date reported to MEDS or the date the supervisor or worker approves the case?

Answer: The county reports as the effective date the month QMB coverage is to begin, i.e., the month after the case is actually approved.

For example: Mr. Jones applies for QMB benefits in January, the county determines eligibility in March with an approval date of January, the effective date is February 1st.

3. If, on March 15th, an individual with Part B Medicare-only applies to the county for a QMB determination and the county is not able to schedule an appointment or make a determination before March 31st, should the county inform the applicant to first apply for conditional Part A before the March 31st deadline and return for an eligibility determination later?

Answer: Yes. The county should inform the individual of the Part A enrollment deadline and advise him/her to apply for conditional Part A before March 31st. If the county later determines the individual as QMB eligible, benefits could begin in July. Otherwise, he/she would be required to wait another year to apply for Part A and could not be eligible for QMB benefits this year.

4. Are status reports required for QMB-only recipients?

Answer: No. A QMB is similar to aged, blind, or disabled (ABD) recipients who are not required to complete status reports, but as with ABDs, QMBs must report income or property changes.

5. If a family was discontinued for failure to return a status report (mother and children were AFDC-MN based on the father's incapacity) and the father is also a disabled QMB, would he remain eligible as a QMB since no status reports are required?

Answer: Yes.

6. If a QMB-only without Part A was preapproved in January but benefits do not begin until July, when is his/her redetermination date?

Answer: January.

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7. If a dually eligible individual in LTC who has a SOC under regular Medi-Cal is paying his/her Part A premium and is approved for QMB benefits, how many months should the county allow for Medicare to begin billing DHS for the premium?

Answer: Counties should allow approximately two months before readjusting the individual's share of cost. This is similar to the Buy-In process (Part B).

8. Can an IHSS statement of facts form be used for a dually eligible IHSS/QMB or must the county complete an MC 210?

Answer: Counties may use the existing IHSS information.

Medicare (This information is based on conversations with SSA. Detailed questions regarding Medicare should be referred to SSA).

1. Must the parent of a QMB child on dialysis be deceased, aged, or disabled in order for the child to be eligible for Medicare?

Answer: No, however, the parent must have worked the appropriate number of quarters under Social Security.

2. If an individual with chronic renal disease has not paid into SSA and is not eligible for premium free Part A Medicare and has no parent or spouse who has worked the appropriate number of quarters under Social Security, may he/she purchase Part A.?

Answer: No.

3. If an individual who is eligible for premium free Part A does not apply for this benefit, may he/she enroll later at anytime?

Answer: An individual is not given the option of refusing premium free Part A Medicare. He/she receives it when eligible; therefore, there is no need to enroll later.

4. How does an individual who has chronic renal disease apply for Medicare Part A?

Answer: Application is made with SSA. Most providers who specialize in this disease have the appropriate Medicare forms.

5. When is a person with chronic renal disease eligible for Medicare Part A?

Answer: An individual may apply in the third month of dialysis or immediately for home dialysis or a kidney transplant.

6. May an individual purchase Medicare Part A but not B?

Answer: No.

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7. a) Can OBRA applicants/beneficiaries qualify for Medicare?

b) If Yes, can they be eligible as a QMB?

Answer: a) Yes, an OBRA individual can qualify for Medicare if the individual has paid into Social Security for the required quarters and is also either 1) blind or disabled and has received Title II benefits for at least 24 months or 2) aged.

b) Federal guidelines state that a QMB must be either a citizen or a lawfully admitted for permanent residence alien; therefore, an OBRA alien is not eligible for QMB benefits.

8. Must a blind individual also receive Title II benefits for 24 months before eligibility for Medicare begins?

Answer: Yes.

9. If an individual files for Part A benefits after the March 31st general enrollment, will SSA waive this deadline in some cases?

Answer: Yes. If the individual has good cause.

10. Is a child or spouse of an aged, deceased, blind, or disabled individual eligible for Medicare?

Answer: Yes, but only if he/she is also aged, blind, or disabled and the spouse or parent is or was entitled to Medicare.

SSI/SSP Recipients

1. Should the county mail an application or Statement of Facts to the individual who was terminated from SSI/SSP to determine if he/she continues to be eligible as a QMB?

Answer: Yes, if the individual did not receive these forms with the Ramos v. Myers NOA.

2. If an SSI/SSP individual who is also eligible as a QMB has an increase in income which changes the amount of his/her cash grant but is not enough to cause the loss of SSI/SSP eligibility, will the county be notified?

Answer: Unless the individual informs the county directly, the county will not be aware of this fact until the QMB redetermination.

3. How may the SSI/SSP recipient distinguish his/her check from that of the SSA Title II check?

Answer: The SSI/SSP check is sent in a blue envelope and has "SSI" on the face of the check as opposed to an SSA Title II check which is sent in a manila envelope and has "SOC SEC" on the face.

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4. Is the MC 13 Form (Citizenship) required for SSI/SSP recipients who apply for QMB benefits?

Answer: No. SSA has already asked for this information.

5. If the county inadvertently reviews IEVS and finds a contradiction in income from the income recorded on MEDS, should the county attempt to verify the difference?

Answer: No. Counties are to assume that the income information on MEDS is correct unless the individual reports otherwise.

6. Is a QMB redetermination required for SSI recipients?

Answer: Yes. They are considered aged, blind, or disabled and should be evaluated yearly.

7. If the individual has been receiving QMB benefits based on the SDX information and he/she is then terminated from SSI/SSP, should the county require a regular application to continue QMB benefits?

Answer: Yes. We are in the process of changing the Ramos v. Myers Notices of Action to include QMBs. Until that time, counties should terminate QMBs benefits if a regular application is not received from the QMB beneficiary within a reasonable time after the county request.

Providers and Billing

1. If a QMB-only individual resides in a county that requires Medi-Cal recipients to use certain facilities such as a prepaid health plan (PHP), may the QMB-only use that facility?

Answer: Not at this time, but he/she can use other providers who accept Medi-Cal and Medicare.

2. If a QMB beneficiary receives services from a provider who does not accept Medi-Cal, can the beneficiary be billed for the coinsurance and deductibles if the beneficiary receives services from a provider who is not an approved Medi-Cal provider?

Answer: Yes

3. May a provider bill a QMB for the difference between his/her rate and the approved Medicare reimbursement (in the case when we do not reimburse for any or all coinsurance and deductibles)?

Answer: No.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Property

1. Can a QMB applicant spenddown excess property to within the QMB property limit?

Answer: Yes.

2. If an individual is less than 18 years old and married, is he considered a QMB adult or child?

Answer: He/she would be considered an adult for Medi-Cal, (unless claimed as a tax dependent by his/her parents), as well as for QMB regulations.

3. When there is more than one child in the home applying for QMB benefits and one has more property than the other, should the county begin the QMB property determination with the child with less property or more?

Answer: It is the county's decision. However, the county may wish to begin with the child who has the most property to avoid a recomputation if that child is ineligible.

4. Will the property level change on an annual basis?

Answer: No.

5. How will community spouse rules under MCCA affect QMB property rules?

Answer: MCCA primarily affects situations where one spouse is institutionalized after September 30, 1989, the other spouse is not institutionalized, and the application is made on or after January 1, 1990. Each spouse is in a separate MFBU. After initial MCCA eligibility is established, the EW uses the CSRA for the community spouse's QMB determination and the property reserve of no more than \$2,000 for the QMB determination of the institutionalized spouse. The division of community property applies in all other cases where spouses are in separate MFBUs. In those cases, the spouse's separate and one-half of the community property is used in determining the QMB eligibility of each respective spouse.

Income

1. Must the county deny or discontinue QMB applicants/recipients who are not eligible due to excess income based on the SSA COLA or may the county wait until the increase in the federal poverty level?

Answer: Effective January 1, 1991, the county must disregard the COLA increase until the publication of the federal poverty level.

2. When does the "Standard QMB Allocation" amount change?

Answer: The Standard QMB Allocation amount changes on January 1st of each year based on the annual Title II, Social Security Cost of Living Adjustment (COLA).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. How are Impairment Related Work Expenses (IRWE) deducted? Are there set limits? Are IRWEs allowed under the regular Medi-Cal program?

Answer: The IRWE is deducted from a QMB applicant's earned income. The IRWE deduction is the actual amount paid by the applicant. These deductions are not applicable for those applying for regular Medi-Cal.

4. Since the Medicare Part B premium is deducted from the SSA benefit check (unless the beneficiary does not receive a check), what amount is used to determine QMB income?

Answer: Since the gross amount of the SSA benefit is considered, it is necessary to add the premium amount back if it was deducted.

5. If the spouse is also applying and he/she has income less than the Standard QMB Allocation amount, would this income be exempt?

Answer: No. Only the income of the ineligible spouse shall be evaluated for exemption if less than the Standard QMB Allocation amount.

6. Under Medi-Cal income methodology, a child may be excluded from the MFBU. May the child be excluded using SSI Income methodology?

Answer: No, not unless the child receives PA or other PA. A child's income is only considered when computing the parent allocation to an ineligible child(ren).

7. When do the SSA grant amounts change?

Answer: The grant amounts are based on the COLA and are effective on January 1st of each year; however, the COLA is to be disregarded for QMB applicants/beneficiaries for the first three months.

8. Would any QMB applicant have a share of cost (SOC) under regular Medi-Cal?

Answer: There is a possibility that a QMB child might have earned income. Ineligible parents would be entitled to a parent deduction under SSI methodology. This deduction is not allowed under regular Medi-Cal. There are also individuals in LTC with a SOC who will be QMB eligible.

9. Under "Pickle", a person is in his/her own MFBU. Would a person be in his/her own MFBU when applying for QMB benefits?

Answer: Only if the person were in long term care. A person who is applying as a QMB should first be determined using Medi-Cal rules (all family members are in the MFBU). If not eligible, then SSI rules are used and there would be an MFBU of either one or two (depending on whether the income of the ineligible spouse is combined with the applicant's income).

10. Is income apportioned under SSI income methodology?

Answer: No. SSI income methodology requires that the actual gross income be used to determine income eligibility.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

11. How will community spouse rules under MCCA affect QMB income rules?

Answer: They do not. Post-eligibility treatment of income rules do not apply to QMB individuals.

12. If the individual is paying for Board and Care, is this amount considered unavailable as it is under Medi-Cal?

Answer: Board and Care expenses are considered unavailable under Step I (Medi-Cal), but not under the Step II (SSI) determination.

L. NOTICES and FORMS

The following notices and forms are enclosed. The MC 176 2A and 2B have been revised.

1. MC 239 J Notice of Action - Approval for Benefits as a QMB

This NOA may be used for all approved and preapproved QMB applicants. For example, this form may be used for:

- Medi-Cal beneficiaries who have not met the QMB eligibility requirements except for Part A and who must apply for Part A, or who have met all the QMB eligibility requirements; or,
- The general public who must apply for conditional Part A at the SSA office or are eligible because they already have Part A and meet all other QMB requirements.

2. MC 239 J (SP) Notice of Action - Approval for Benefits as a QMB

This is the Spanish version of the MC 239 J NOA.

3. MC 239 K Notice of Action - Denial or Discontinuance of Benefits as a QMB.

This NOA may be used for all QMB applicants.

4. MC 239 K (SP) Notice of Action - Denial or Discontinuance of Benefits as a QMB

This is the Spanish version of the MC 239 L NOA.

5. MC 176 QMB-3 and Cover Sheet (English & Spanish)

This form and information sheet may be used to enroll those QMB applicants who do not have Part A. Counties may use another method if their local Social Security Administration Office prefers; NOTE: Counties should include the Medicare HIC number and entitlement date for MEDS input if using a different form.

6. MC 176 P QMB/SLMB-A - QMB Property Worksheet - Adult

This form may be used to determine the property of a QMB applicant 18 years of age and older or if married.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

7. MC 176 P QMB/SLMB-C - QMB Property Worksheet - Child

This form may be used to determine the property of a QMB applicant 17 years of age and younger and unmarried.

8. MC 176 QMB/SLMB 1 - QMB Income Eligibility Worksheet - All Applicants

This form may be used to determine the income of a QMB applicant, couple, or a minor child(ren) who is also applying for regular Medi-Cal benefits.

9. MC 176 QMB/SLMB 2A - QMB Income Eligibility Worksheet - Applicant with an Ineligible Spouse, with or without children.

This form may be used to determine the income of a QMB applicant who has an ineligible spouse with or without children, who is not applying for regular Medi-Cal benefits or who was not eligible using the MC 176 QMB1 worksheet.

10. MC 176 QMB/SLMB 2B - QMB Income Eligibility Worksheet - Child Applying with or without Ineligible Parents

This form may be used to determine the income of a QMB child who is not applying for regular Medi-Cal benefits or who was not eligible using the MC 176 QMB 1 worksheet.

11. MC Information Notice 008 - QMB Program Information Notice

This form may be used to provide information to those interested in the requirements of the QMB program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL NOTICE OF ACTION Approval For Benefits as a Qualified Medicare Beneficiary (QMB)

(County Stamp)

Date: _____

Case No: _____

Worker No: _____

This Affects: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for the Qualified Medicare Beneficiary (QMB) program. This program pays your Social Security Administration (SSA) Medicare Part A and B premiums, coinsurance and deductibles.

We determined that:

- ☐ Beginning ____/____/____, you meet the basic eligibility requirements for the QMB program; however, before Medi-Cal can begin paying your Medicare expenses SSA must confirm your Part A eligibility.
- ☐ Since you have already applied for Part A, no further action is required now.
- ☐ You must apply for Part A. Take the enclosed form to the SSA office. Ask SSA to return this form to us as soon as possible.
- ☐ We have requested SSA to verify your Part A eligibility. No further action is required now.
- ☐ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

If you pay Part A premiums, allow 3-4 months from the time you are eligible as a QMB for SSA to stop billing you or deducting these premiums from your check. If you do not pay Part A premiums, ask SSA when your Medicare will start.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50258.

MC 228 J (3/83)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

NOTIFICACION DE ACCION DE MEDI-CAL

Aprobación de Beneficios como Beneficiario
Aprobado de Medicare (QMB)

(Sello del Condado)

Fecha: _____

No. del Caso: _____

No. del Trabajador(a): _____

Esto Afecta a: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Hemos revisado su solicitud para ver si usted reúne los requisitos para el Programa de Beneficiario Aprobado de Medicare (QMB). Este programa paga sus primas, coseguro y deducibles de Medicare Parte A y B de la Administración del Seguro Social (SSA).

Hemos establecido que:

- ☐ Comenzando el ____/____/____, usted reúne los requisitos básicos para el programa QMB; sin embargo, antes que Medi-Cal pueda comenzar a pagar sus gastos de Medicare, la SSA tiene que confirmar su elegibilidad para la Parte A.
- ☐ Puesto que usted ya ha presentado una solicitud para la Parte A, ahora no se requiere ninguna otra acción.
- ☐ Usted tiene que solicitar la Parte A. Lleve la forma que se adjunta a la oficina de la SSA. Pídale a la SSA que nos la devuelva tan pronto como sea posible.
- ☐ Le hemos pedido a la SSA que verifique la elegibilidad suya para la Parte A. Ahora no se requiere ninguna otra acción.
- ☐ Si usted solicitó elegibilidad para Medi-Cal regular, recibirá una notificación por separado.

Si usted paga primas para la Parte A, permita que pasen de 3 a 4 meses a partir de la fecha en que usted reúna los requisitos como QMB, para que la SSA deje de enviarle cobros a usted, o para que deje de deducir estas primas de su cheque. Si no paga primas para la Parte A, pregúntele a la SSA cuándo comenzará su Medicare.

El ordenamiento que requiere esta acción, es la sección 50258 del Título 22 del Código de Ordenamientos de California.

MC 239 J (SP) (3-93)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL NOTICE OF ACTION Denial or Discontinuance of Benefits as a Qualified Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THESE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Qualified Medicare Beneficiary (QMB) program.

We determined that:

- ☐ You are not eligible for the QMB program.
- ☐ Your eligibility for the QMB program ends ____ / ____ / ____ . . .

Here is why:

- ☐ Your _____ is above the limit. If you have Part A Medicare and should your ^{income/property} decrease, you may reapply. The limit is \$ _____. If you do not ^{income/property} have Part A Medicare, please reapply in January. The income limit may rise in future years.
- ☐ The Social Security Administration did not confirm that you are eligible for Medicare Part A. Contact your local SSA office for more information.
- ☐ You do not have Medicare Part A and/or Part B. You must contact your local SSA office to apply. When you receive verification of Medicare, please contact this office again.
- ☐ Other reasons. . . .
- ☐ You are not eligible for the regular Medi-Cal program because:
- ☐ If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____

(Eligibility Worker)

(Phone)

(Dated)

MC 239 K (10/88)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL
NOTIFICACION DE ACCION
Negación o Descontinuación de Beneficios como
Beneficiario Aprobado de Medicare

(County Stamp)

No del Estado: _____

Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL ESTO NO AFECTARA ESTOS BENEFICIOS.

Hemos revisado su solicitud para ver si usted es elegible para un programa nuevo que se llama Beneficiario Aprobado de Medicare (QMB).

Se ha determinado que:

- ☐ Usted no es elegible para el programa QMB.
- ☐ Su elegibilidad para el programa QMB termina ____ / ____ / ____.

La razón es la siguiente:

- ☐ Sus ingresos/bienes exceden el límite. Si usted tiene la porción A del seguro de Medicare y si el valor de sus ingresos/bienes disminuyen, usted puede volver a solicitar. El límite es de \$. Si usted no tiene la porción A de Medicare, por favor vuelva a solicitarla en enero. Es posible que el límite de ingreso aumente en los próximos años.
- ☐ La Administración del Seguro Social (SSA) no confirmó que usted es elegible para la porción A del seguro de Medicare. Para mayor información comuníquese con su oficina local de la SSA.
- ☐ Usted no tiene cobertura de la porción A y/o de la porción B. Para solicitarla, comuníquese con su oficina local de la SSA. Una vez que usted reciba la verificación de Medicare, comuníquese con nuestra oficina nuevamente.
- ☐ Otras razones.
- ☐ Usted no es elegible para recibir beneficios normales del programa de Medi-Cal porque:
- ☐ Si también solicitó beneficios normales de Medi-Cal, recibirá notificación sobre este programa por separado.

Los ordenamientos que requieren esta acción son las secciones _____ del título 22 del Código de Ordenamientos de California.

(Trabajador(a) de elegibilidad)

(Teléfono)

(Fecha)

MC 239 K (10-89) (SP)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado.

El lado derecho de esta página le indica cómo hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzarán un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros.

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito 1-800-952-5253
Si es sordo y usa TDD: 1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra Información

Mantenimiento de hijos: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de mantenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

WIA BACK 6 - January

27 6773

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

También puede llamar al 1-800-952-5253.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causz de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mí:

- ☐ Asistencia monetaria ☐ Estampillas para Comida
☐ Medi-Cal
☐ Otro (anote) _____

La razón es la siguiente: _____

La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi Firma: _____

Fecha: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

COVER SHEET FOR THE MC 176 QMB-3 MEDICARE HOSPITAL INSURANCE REFERRAL FORM

A NEW BENEFIT MAY BE AVAILABLE TO YOU- MEDICARE HOSPITAL INSURANCE

There is a new benefit under the Medi-Cal program you may want to have. Under a new law, if you want to have Medicare Hospital Insurance (Part A), we may be able to buy it for you and pay the premiums, deductibles, and coinsurance. We may already pay for your Medicare Medical Insurance (Part B), for doctors' services and some other medical items and services. However, before we can pay for your Part A Hospital Insurance, you must be a "Qualified Medicare Beneficiary".

WHY SHOULD YOU ENROLL FOR HOSPITAL INSURANCE?

With Medicare Hospital Insurance, you may have a wider choice of hospitals in which to receive care depending on where you live. Medicare Hospital Insurance may provide slightly different benefits than the Medi-Cal program.

WHAT HAPPENS IF YOU DO NOT WISH TO BECOME A QUALIFIED MEDICARE BENEFICIARY?

If you do not wish to enroll, we will continue to pay your Part B Medicare Medical Insurance premium, coinsurance and deductible, if you are eligible, and your regular Medi-Cal will continue unless you no longer meet the eligibility requirements for the Medi-Cal program. You still are covered for all necessary medical care, including full hospitalization.

WHO CAN BECOME A "QUALIFIED MEDICARE BENEFICIARY?"

To become a Qualified Medicare Beneficiary:

1. Your income must be at or below a federal limit which is a percentage of the federal poverty level.
2. Your property must be at or below twice that of the Medi-Cal property limit.
3. You must meet other requirements of the regular Medi-Cal program such as residency, etc.
4. You must qualify for Medicare Part A Hospital Insurance.

If you are not entitled to free Medicare Hospital Insurance and must pay a monthly premium, we will pay the premium for you if you meet the 4 requirements shown above.

WHAT YOU SHOULD DO TO ENROLL

You have already been determined to meet the first, second, and third steps because your income and property is at or below the federal limit and you meet other Medi-Cal program requirements. If you want to become a Qualified Medicare Beneficiary, the last step is to take the enclosed Form MC 176 QMB-3 to your local SSA office by March 31st. Return this form to your county office when it is completed by SSA.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The Social Security Administration will tell us when you meet the *Hospital Insurance* requirements.

WHAT HAPPENS IF YOU ENROLL IN HOSPITAL INSURANCE?

If you meet all the requirements, we will then make you a Qualified Medicare Beneficiary and will begin paying your Medicare *Hospital Insurance* premiums, deductible, and coinsurance in July. You will receive the same Medicare benefits as other Medicare beneficiaries, plus the benefit of having the Medi-Cal program pay for other Part A costs. We will continue to pay your Part B Medicare Medical Insurance premium, deductible, and coinsurance if you are eligible.

WHAT HAPPENS IF YOU DON'T ENROLL ON TIME?

To enroll this year, you must take the enclosed form to your local SSA office by March 31st. If you don't, you must wait until January, February or March of the following year for your next chance to enroll in *Hospital Insurance*.

WHAT HAPPENS IF YOU ARE NO LONGER A QUALIFIED MEDICARE BENEFICIARY?

If you are no longer a Qualified Medicare Beneficiary because your income or property has increased, or you fail to meet other Medi-Cal requirements, we will not be able to continue to pay your *Hospital Insurance* premium. If this happens and you want to keep the Medicare *Hospital Insurance*, you will have to pay the premium yourself.

MEDI-CAL ESTATE RECOVERY

Any Medi-Cal payments made on behalf of an individual after age 65 are recoverable by the state after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

IF YOU HAVE ANY QUESTIONS

If you have any questions, you should call or write to your eligibility worker at your local welfare office for more information.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY (QMB) REFERRAL

APPLICANT NAME:			ADDRESS:
SSN:	DOB:	SEX:	
MEDICARE HIC#			
PHONE			

The person named above is an applicant for the Qualified Medicare Beneficiary (QMB) Program. Medicare eligibility status must be confirmed before the State can begin paying his/her Medicare premiums, deductibles and coinsurance.

INSTRUCTIONS: COUNTY WELFARE DEPT. - Please complete Part I.
SSA - Please enroll applicant in Medicare and complete Part II. Have the applicant return this form to the county.

PART I COMPLETED BY COUNTY DEPARTMENT OF SOCIAL SERVICES/WELFARE

- ☐ Currently eligible for Part B; however, must apply for conditional Part A.
- ☐ Not currently enrolled in either Medicare Part A or Part B. Please enroll the applicant in conditional Part A and Part B (if eligible).
- ☐ Medicare status unknown.

COUNTY WELFARE ADDRESS:	EW NAME/EWF:	PHONE:	DATE:
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PART II COMPLETED BY SOCIAL SECURITY ADMINISTRATION

- ☐ Eligible for conditional Medicare Part A effective _____.
Please evaluate for QMB eligibility.
- ☐ Currently receiving Medicare Part A.
- ☐ Must reapply during the general enrollment period.
- ☐ Not eligible for Part A or B because:

SSA SIGNATURE:	TITLE:	PHONE:	DATE:
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MC 176 QMB-3 (10/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

PAGINA INFORMATIVA SOBRE LA FORMA MC 176 QMB - 3 SEGURO DE HOSPITAL DE MEDICARE FORMA DE REFERENCIA

ES POSIBLE QUE UN BENEFICIO NUEVO ESTE A SU DISPOSICION-EL SEGURO DE HOSPITAL DE MEDICARE

Es posible que usted desee tener el nuevo beneficio que existe bajo el programa de Medi-Cal. Conforme a una nueva ley, si usted desea tener Seguro de Hospital de Medicare (Parte A), es posible que se lo podamos comprar y pagarle las primas, deducibles y coseguro. Es posible que ya paguemos su Seguro Médico de Medicare (Parte B), para los servicios de médico y algunos otros artículos y servicios. Sin embargo, antes de que podamos pagar su Seguro de Hospital, Parte A, usted tiene que reunir los requisitos como "Beneficiario Aprobado de Medicare".

¿POR QUE SE DEBE REGISTRAR PARA RECIBIR SEGURO DE HOSPITAL?

Es posible que con el Seguro de Hospital de Medicare usted tenga una selección más amplia de hospitales en los cuales puede recibir cuidado, dependiendo de su lugar de residencia. El Seguro de Hospital de Medicare le puede proporcionar beneficios un poco diferentes de los que le brinda el programa de Medi-Cal.

¿QUE PASA SI USTED NO DESEA CONVERTIRSE EN BENEFICIARIO APROBADO DE MEDICARE?

Si no desea registrarse, continuaremos pagando su prima, del Seguro Médico de Medicare, Parte B, el coseguro y el deducible y, si usted reúne los requisitos, y continuará recibiendo sus beneficios regulares de Medi-Cal, a menos que ya no reúna los requisitos para recibirlos conforme al programa de Medi-Cal. Usted sigue recibiendo cobertura para todo su cuidado médico necesario, incluyendo la hospitalización completa.

¿QUIEN PUEDE CONVERTIRSE EN "BENEFICIARIO APROBADO DE MEDICARE"?

A fin de convertirse en Beneficiario Aprobado de Medicare:

1. Sus ingresos tienen que estar al límite federal o por debajo del mismo, el cual es un porcentaje del nivel de pobreza federal.
2. Sus bienes tienen que estar al límite de bienes de Medi-Cal o dos veces por debajo del mismo.
3. Usted tiene que reunir otros requisitos del programa de Medi-Cal regular, tales como el de residencia, etc.
4. Usted tiene que reunir los requisitos para recibir Seguro de Hospital de Medicare, Parte A.

Si usted no tiene derecho a recibir Seguro de Hospital de Medicare gratis, y tiene que pagar una prima mensual, le pagaremos esa prima si reúne los 4 requisitos mencionados anteriormente.

LO QUE DEBE HACER PARA REGISTRARSE

Ya se ha determinado que usted reúne el primer, segundo y tercer requisitos, puesto que sus ingresos y bienes están al límite federal o por debajo del mismo, y usted reúne otros requisitos del programa de Medi-Cal. Si usted desea convertirse en Beneficiario Aprobado de Medicare, el último paso a seguir es llevar la Forma MC 176 QMB-3 que se adjunta, a su oficina local de la Administración del Seguro Social (SSA), a más tardar el 31 de marzo. Una vez que la SSA la haya completado, devuelva esta forma a la oficina de su condado.

MC 176 QMB-3 COVER SHEET (SP) (12/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

La Administración del Seguro Social nos comunicará cuando usted reúna los requisitos para recibir *Seguro de Hospital*.

¿QUE SUCEDE SI SE REGISTRA PARA RECIBIR SEGURO DE HOSPITAL?

Si usted reúne todos los requisitos, entonces nosotros lo convertiremos en Beneficiario Aprobado de Medicare y comenzaremos a pagarle sus primas, deducibles y coseguro del *Seguro de Hospital* de Medicare, en julio. Usted recibirá los mismos beneficios de Medicare que los otros beneficiarios de Medicare, más el beneficio de que el programa de Medi-Cal le pague otros costos de la Parte A. Continuaremos pagando su prima, deducible y coseguro del Seguro Médico de Medicare, Parte B, si reúne los requisitos.

¿QUE SUCEDE SI NO SE REGISTRA A TIEMPO?

A fin de registrarse este año, usted tiene que llevar la forma que se adjunta, a su oficina local de la SSA, a más tardar el 31 de marzo. Si no lo hace, tiene que esperar hasta enero, febrero o marzo del siguiente año para tener la oportunidad de registrarse para recibir *Seguro de Hospital*.

¿QUE PASA SI DEJA DE SER BENEFICIARIO APROBADO DE MEDICARE?

Si ya no es Beneficiario Aprobado de Medicare debido a que sus ingresos o bienes han aumentado, o no reunió otros requisitos de Medi-Cal, no podremos seguir pagando su prima de *Seguro de Hospital*. Si esto sucede, y usted desea mantener su *Seguro de Hospital* de Medicare, tendrá que pagar la prima usted mismo(a).

RECUPERACION QUE HACE MEDI-CAL DEL CAUDAL HEREDITARIO

Cualesquier pagos de Medi-Cal que se hagan en beneficio de un individuo mayor de 65 años, pueden ser recuperados por el estado después de la muerte de éste, bajo ciertas condiciones. Se puede hacer la recuperación del caudal hereditario o del heredero del beneficiario de Medi-Cal, si el beneficiario no deja un cónyuge, niños menores, o un hijo totalmente incapacitado que le sobrevivan.

SI TIENE ALGUNA PREGUNTA

Si tiene alguna pregunta, debe llamar o escribir a su trabajador(a) de elegibilidad a su oficina local de bienestar para recibir más información.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY(QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROPERTY WORKSHEET ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

A. Determine net nonexempt property in accordance with Article 9.

B. Does family qualify under the regular Medi-Cal property rules and property limits?

☐ Yes, stop here. QMB/SLMB property requirement met.

☐ No, proceed to step II.

STEP II - QMB/SLMB METHODOLOGY

A. Only consider the net nonexempt property of the QMB/SLMB applicant (and spouse); do not consider the property of any other family members in the home.

B. Net nonexempt property of QMB/SLMB applicant (and spouse). \$ _____

C. Property limit for one person (or two persons if there is a spouse). \$ _____

D. Twice the property limit shown on line IIC. \$ _____

E. Is line IIB less than or equal to line IID?

☐ Yes, QMB/SLMB property requirement met.

☐ No, ineligible due to excess property.

Eligibility Worker Signature

Worker Number

MC 176 P QMB/SLMB - A (10-92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY (QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROPERTY WORKSHEET CHILD

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does family qualify under the regular Medi-Cal property rules and property limits?
- ☐ Yes, stop here.
- ☐ No, proceed to Step II.

STEP II - QMB/SLMB METHODOLOGY

A. Parental allocation (Includes stepparent)

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property. \$ _____
2. Property limit for one person (if 2 parents, enter property limit for two persons). \$ _____
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation \$ _____
4. Divide line A3 by the # of QMB/SLMB children in the home.
QMB/SLMB Child's Share \$ _____

B. QMB/SLMB child's and parent(s)'s resources

1. Child's own net nonexempt property (as determined under Article 9). \$ _____
2. Enter child's share of property from parent(s) (line A4) \$ _____
3. Add line B1 and B2. \$ _____
4. Twice the property limit for one person. \$ _____
5. Is line B3 less than or equal to line B4?
- ☐ Yes, QMB/SLMB property requirement met.
- ☐ No, ineligible due to excess property. If more than one QMB/SLMB child in the home, proceed to Section C.

C. Child in Section B is ineligible and more than one QMB/SLMB child in the home

- A. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB/SLMB child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
- B. Take the amount of property deemed from the parent(s) (Line A3) and re-divide it among the remaining number of QMB/SLMB children in the home (Line A4).
- C. Repeat Section B for each of the remaining QMB/SLMB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB/SLMB property limit (Line B4).

Emergency Worker Signature _____

Worker Number _____

MC 176 P QMB/SLMB-C (10/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INSTRUCTIONS QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS: INDIVIDUAL(S); COUPLE(S); AND CHILDREN (LTC INDIVIDUAL IN OWN MFBU) FORM MC176 QMB/SLMB 1

Form MC 176 QMB/SLMB1, Income Eligibility Worksheet, is used to compute the income for all individuals who are applying under the QMB/SLMB program. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

Instructions for Completion

Identification Section

1. Enter: Case Name.
2. County District. If the county has district, identify the district.
3. County Use. Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date for This Budget. Enter the month in which eligibility will begin with this budget computation.
6. State Number. For family members who are applying as an ABD medically needy (MN) QMB/SLMB applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven digit number, MFBU number, and the persons number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.

Four Month or Nine Month Continuing: Family members eligible for Four Month or Nine Month Continuing Eligibility are considered as ineligible members of the MFBU.

Excluded _____ For children with income or property of their own who are excluded from the MFBU.

I.E. (or county _____ For members of MFBU who are not
designated I.E. aid code) applying for QMB/SLMB benefits.

S/P _____ For family members in the stepparent unit when only the parent and the
parent's children are included in the MFBU.

Pickle Eligible _____ For Aged, Blind, and Disabled (ABD) family member
Members who were discontinued from Supplemental Security
Income/State Supplementary Payment (SSI/SSP)
and continue to receive a no-cost Medi-Cal card in
accordance with the Lynch v. Rank decision.

ABD/LTC _____ For an ABD person or the spouse of an ABD person
or who is in LTC or board and care who will be in a
ABD/B&C separate MFBU from his/her spouse and/or child(ren)
listed on the MC 176M.

7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn".

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.
9. Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I -- Income of Potential QMB Composition

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB applicant(s) and ineligible spouse, if one, who are applying as ABD in Section I (A) and (B), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Section(s) 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512 should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI. A of the MC 176W instead of lines 1 through 5 of Section I.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	Gibbins v. Rank

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipient's available income; stepparent's income deemed available from MC 176W, Parts II and V.B; and income allocated from the Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the QMB/SLMB spouse; ineligible spouse or parent of the QMB/SLMB child applicant of the MFBU.
6. Add lines 5.a. and 5.b., or enter the amount from 176W, Part VI.A. This is the combined unearned income of the QMB/SLMB ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB child applicant who is a member of the MFBU.
7. No entry. This shows the \$20 any income deduction.
8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B of the MC 176W instead of line 9:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Court Ordered Child/Spousal Support	Gibbins v. Rank

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

9. Enter: Gross earned income.
10. Add the amounts in lines 9.a. and 9.b. or enter the amount from line 4 of the MC 176W, Part VI.B. This is the combined earned income of the OMB/SLMB applicant(s), OMB/SLMB spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential OMB/SLMB applicant(s).
12. Subtract number 11 (IRWE expenses) from number 10.
13. Enter the \$65 or the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction here.
14. Subtract line 13. from line 12. If line 14. is less than line 10, enter zero.
15. Divide line 14. by two. This figure equals the countable earned income.
16. Total lines 8.A. and 15.B. to obtain the total unearned and earned income. Enter this amount in Section III., line 1.

Section II -- Income of MFBU Member (Both Eligible and Ineligible Members) Not Listed in Column I

NOTE: The ownership of income determination required by CCR, Section 50512 should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. Include SSI/SSP/IHSS recipient's available income, stepparent's income deemed available from MC 176W, Part II and Part V.B, and income allocated from a Pickle eligible spouse or parent.
5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5.A and 6.B.
8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.
9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

Section III -- OMB/SLMB Eligibility Computation

1. Enter: Total countable income from Section I, line 16.
2. Enter: Total countable income from Section II, line 9.
3. Add lines 1, and 2, (rounded). This is the combined countable income of the MFBU.
4. Enter the current OMB/SLMB poverty level for the appropriate MFBU. If line 3. is equal to or less than line 4., OMB/SLMB eligible. If line 3. exceeds line 4., complete the MC 176 OMB/SLMB2A, for an individual or couple (who have minor children in the home); applicant with an ineligible spouse, (with or without a child(ren); or MC 176 OMB/SLMB2B, if a child(ren) is applying who does or does not have a parent(s).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the Eligibility Worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional - - to be used in accordance with county policy.

DEPARTMENT OF HEALTH SERVICES

[illegible]

I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)			II. INCOME OF MFBU MEMBERS NOT LISTED IN I (EXCEPT PA OR OTHER PA)			III. OMB/SLMB ELIGIBILITY COMPUTATION		
A. NONEXEMPT UNEARNED INCOME			A. NONEXEMPT UNEARNED INCOME			1. Countable income from I. 16.		
	a. OMB/SLMB Applicant	b. OMB/SLMB Spouse (or Parent) eligible Spouse or Parent(s)				2. Countable income from II. 9.		
1. RSDI			1. RSDI					
2. Net income from property			2. Net income from property					
3. Other—itemize			3. Other—itemize					
4.			4.					
5. Total (add 1 thru 4)	a.	b.	5. Total Unearned Income (add 1 thru 4)			\$		
6. Combined Unearned Income (add 5a and 5b)			B. NONEXEMPT EARNED INCOME					
7. Any income deduction			6. Total Net Earned Income (MC 176W, Part IV, Line 11.J)			\$		
8. Countable Unearned Income (6 minus 7)			C. TOTAL COUNTABLE INCOME					
B. NONEXEMPT EARNED INCOME			7. Subtotal (add 5 and 6)			\$		
9. Gross Earned Income	a.	b.	8. Child Support/Alimony paid					
10. Combined Earned Income (add 9a and 9b)			9. Total Countable Income (7 minus 8)			\$		
11. Deduct IRWE of potential OMB/SLMB Applicant(s) Only			NOTE:					
12. Remainder (subtract 11 from 10)			If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.					
13. SES Earned Inc. deduction plus \$ _____ unused \$20			Total Income for educational purpose			_____		
14. Remainder (subtract 13 from 12)			Less total educational expenses			_____		
15. Countable Earned Income (divide 14 by 2)			Net countable income			_____		
16. Total Countable Income (add 8 and 15)			If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:					
			Educational Expenses			Section 50547		
			Absent Parent Support			Section 50541		
			Student Deduction			Section 50551		
			\$30 plus 1/3			Section 50551.1		
			Work Expenses for the Blind			Section 50551.4		
			Income for Self-Support			Section 50551.5		
IV. EXEMPT INCOME								
Note: Do not allow a deduction for health insurance.								
Eligibility Worker Signature			Worker Number			Computation Date		Courtesy Use

MC 176 CMB/CMB-1 (1092)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORK SHEET COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Form MC 176 QMB/SLMB-2A, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain criteria which is less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, application, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176 QMB/SLMB1 should be completed prior to completion of the MC 176 QMB/SLMB-2A to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1. Enter: Case name
2. County District: If the county has districts, identify the district.
3. County Use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date For This Budget: Enter the month in which eligibility will begin with this budget computation.
6. State Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB application and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, and seven-digit serial number; enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

DO NOT INCLUDE RECIPIENTS OF A PA IN MFBU.

Four-Month or Nine-Month Continuing Eligibility	Family members eligible for Four-Month or Nine-Month Continuing Eligibility are considered as ineligible members of the MFBU.
Excluded	For children with income or property of their own who are excluded from the MFBU.
I.E. (or county designated I.E. aid code)	For members of the family unit who are not applying for QMB/SLMB benefits.
S/P	For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
Pickle Eligible Member	For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the <i>Lynch v. Rank</i> decision.
ABD/LTC or ABD/B&C	For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

7. **Name:** Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. **Birthdate:** Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. **Social Security Number:** Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. **Other Coverage Code:** Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Income of Potential QMB/SLMB Composition

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB applicant(s); and ineligible spouse, if any, who is applying as ABD in Section I.a. and b., providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.A. of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	Gibbins v. Rank

1. Enter: Social Security income
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipients' available income and income allocated from a Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5, onto line 6.b. **NOTE:** Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6.b. from line 5.b. and enter this amount on line 7.b.(1). If line 7.b.(1) is a minus figure, enter the minus amount on line 12.b. and enter zero on line 7.b.(2). Otherwise, enter the amount from line 7.b.(1) onto line 7.b.(2).
8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member). (Add line 7.b.(2) and line 5.a.)
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (Any minus amount on line 7.b.(1)). Otherwise, enter zero in line 12.b.
13. Subtract line 12.b. from line 11.b. Enter the remainder on line 13.b. Exception: enter zero on line 13.b. if line 12.b. is greater or equal to line 11.b.
14. Add lines 11.a. and 13.b. This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential OMB/SLMB applicant(s) may have.
16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater or equal to line 16, enter zero.
19. Divide line 18 by two. This figure equals the countable earned income.
20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on line 20 and on line 1 of Section IV.

Section II. Allocation to Minor Child(ren) from the Ineligible Spouse (Do Not Allocate From a OMB/SLMB Applicant(s). Do Not Include a OMB/SLMB Child(ren), PA or Other PA.

1. Enter: Name(s) of ineligible child(ren). Do not include OMB/SLMB child(ren), PA or other PA.
2. Standard SSI allocation: Enter current year's allocation amount for each child (see OMB/SLMB poverty level chart). If no child(ren), enter zero on line 5, and on line I.A.6.b.).
3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to \$400 per month or \$1620 per year if student income.
4. Subtract line 3 from line 2 and enter on line 4.
5. Total all columns on line 4. Complete Section III to determine whether this figure is to be entered on line I.A.6.b. If Section III, line 5 is less than the current SSI allocation, stop and do not complete Section I.b.

Section III. Ineligible Spouse Income Exemption Determination

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from line I.5.b.
2. Gross Earned Income: Enter the gross earned income of the spouse from line I.B.11.b.
3. Total columns 1 and 2. for combined income of spouse.
4. Allocation to minor child(ren): Enter the figure from line II.5.
5. Remainder: Subtract line 4 from line 3. If line III.5. is less than the current SSI allocation amount, this income is exempt. Do not complete Section I.b. Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, line A.6.b.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Section IV. OMB/SLMB Eligibility Determination

1. **Total Countable Income:** This is the total countable income entered on line I.B.20. This figure was obtained by adding lines I.A.10. and I.B.19.
2. Enter the appropriate current poverty level for either: (a) one, if the income of the ineligible spouse is not combined with the applicant's income; or (b) two, if the ineligible spouse's income is combined with the applicant's income. If line IV.1. is less than line IV.2., the individual or couple is eligible under the OMB/SLMB program.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the eligibility worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional — to be used in accordance with county policy.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORK SHEET
COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)**

[illegible]

MC 176 OMB/SLSMB-2A (RWS)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INSTRUCTIONS QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORK SHEET FOR CHILD APPLYING WITH INELIGIBLE PARENT(S) FORM MC 176 QMB/SLMB 2B

Form MC 176 QMB-2B, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain QMB/SLMB income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176 QMB/SLMB1 should be completed prior to completion of the MC 176 QMB/SLMB-2B to determine if the child is found to be eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1. Enter: Case name.
2. County District: If the county has districts, identify the district.
3. County Use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. State Number: For a QMB/SLMB child who is applying as ABD medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

Excluded	For children with income or property of their own who are excluded from the MFBU.
I.E. (or county designated I.E. aid code)	For members of the family unit who are not applying for QMB/SLMB benefits.
S/P	For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
Pickle Eligible Member	For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the <i>Lynch v. Rank</i> decision.
ABD/LTC	For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.
ABD/B&C	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible for QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Parent(s) Income of Potential QMB Child Applying as Aged, Blind, or Disabled (ABD)

In this section enter all the nonexempt unearned and earned income of the ineligible parent(s) of the child who is applying as an ABD MN under the QMB/SLMB program. NOTE: "Ineligible parent(s)" refers to the parent(s) of the child who is applying under the QMB/SLMB program. Do not include a parent(s) who is eligible as a QMB/SLMB PA or other PA. Only include the income of an ineligible parent(s).

NOTE: The ownership of the income determination required by Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.A. of the MC 176W instead of lines 1 through 5.

Educational Expenses
Absent Parent Support
Income for Self-Support
Court Ordered Child/Spousal Support

Section 50547
Section 50541
Section 50551.5
Gibbins v. Rank

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. Enter the amount of all other unearned income.
5. Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearned income of the ineligible parent(s) of the potential QMB/SLMB child.
6. Enter the total amount allocated to a minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5 onto line 6.b.
7. Subtract line 6 from line 5, or enter the amount from MC 176W, Part VI.A. on 7a. If this is a minus amount, enter zero on line 7b and the minus amount on Section I, Part B, line 11. Otherwise enter the amount on line 7a onto line 7b.
8. No entry. This shows the \$20 any income deduction.
9. Subtract line 8 from line 7b. This is the countable unearned income. If the countable unearned income is a minus figure, enter zero on line 16 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 12.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. . . Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B. of the MC 176W instead of line 11:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

10. Enter the gross earned income.
11. Enter the unused amount of any allocation for ineligible minor child(ren) that was not offset by countable unearned income (I.A.6.). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB child(ren). Enter zero on line 1 of Section III. If there is income, proceed with number 12.
12. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
13. Subtract lines 11 and 12 from line 10 to obtain the remaining earned income of the ineligible parent(s). Enter zero if the remainder is a negative amount.
14. Divide by 2.
15. Subtract line 14 from line 13 to obtain the remaining countable earned income of the ineligible parent(s).
16. Enter countable unearned income from line 9.
17. Add lines 15 and 16. This figure equals the countable income.
18. Enter the parent(s) deduction. Use the parent deduction of a QMB/SLMB child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB child.
19. Subtract line 16 from line 17 and enter this figure on line 1 of Section III. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB applicant.

Section II. Allocation to Minor Child(ren) from the Ineligible Parent

1. Enter the name(s) of the ineligible child(ren). Do not include a QMB/SLMB child(ren), PA, or other PA.
2. Enter the standard QMB/SLMB allocation for each child. If no child(ren), enter zero on line 5 of this Section.
3. Enter any income for each minor child(ren), excluding up to \$400 per month and up to \$1,620 per year if student earned income.
4. Subtract line 3 from line 2.
5. Total all columns on line 4 and enter the total allocation. This figure is also to be entered in Section I, line A.6.

Section III. QMB/SLMB Child Computation

1. Enter the parent(s) allocation from Section I, line B.19.
2. Enter the potential QMB/SLMB child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB child may have.
4. Total lines 1 through 3.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5. No entry. This shows the \$20 any income deduction.
6. Subtract line 5 from line 4. This is the total remaining countable unearned income.
7. Enter the potential OMB/SLMB child's countable earned income or amount from line 4, VI.B of the MC 176W. If appropriate, allow the student deduction.
8. Deduct any impairment related work expenses the potential OMB/SLMB child may have.
9. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential OMB/SLMB child(ren).
11. Divide the amount in line 10 by 2 to obtain the total countable earned income of the potential OMB/SLMB child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential OMB/SLMB child(ren).
13. Enter the current OMB/SLMB Poverty Level for one. If line 12 is less than line 13, the child is eligible for OMB/SLMB.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the eligibility worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional — to be used in accordance with county policy.

DEPARTMENT OF HEALTH SERVICES

Case Name				County District		Country Code	
<input type="checkbox"/> New Application	<input type="checkbox"/> Redetermination	<input type="checkbox"/> Change in Income	<input type="checkbox"/> Change in Circumstances	Effective Eligibility Date for the Budget Mo. Yr.			
State Number							
No.	Avg.	7 Digit Serial No.	MFBU	Pert. No.	Name—First Middle Last	Birthday Mo. Day Yr.	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.
							Other Coverage
I. INELIGIBLE PARENT(S) INCOME OF POTENTIAL OMB/SLMB CHILD APPLYING AS AGED, BLIND, OR DISABLED.							
A. NONEXEMPT UNEARNED INCOME							
Ineligible Parent(s)							
1. RSDI				Child #1 Child #2 Child #3 Child #4			
2. Net income from property							
3. Other—itemize							
4.							
5. Total (add lines 1 through 4)	\$						
6. Allocation to ineligible child(ren) (Section II line 5)	-						
7. Remainder (line 5 minus line 6)	a. \$ b. \$						
8. Any income deduction	-\$20						
9. Countable unearned income Pay on line 16 unless negative							
B. NONEXEMPT EARNED INCOME							
10. Gross earned income							
11. Unused portion of allocation to the ineligible child(ren)	-						
12. \$65 earned income deduction plus \$ of unused \$20	-						
13. Remainder	\$						
14. Divide by 2 and subtract	-						
15. Countable earned income	\$						
16. Add countable unearned income (line 9)	-						
17. Total countable income (add lines 15 and 16)	\$						
18. Subtract parent deduction*	-						
19. Allocation to OMB/SLMB child							
If zero or negative, do not count toward applicant's income determination. Otherwise enter this amount on line 1, Section III							
II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE PARENT(S). DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE OMB/SLMB CHILD(REN), PA, OR OTHER PA.							
1. Name				Child #1 Child #2 Child #3 Child #4			
2. Standard SSI allocation							
3. Subtract ineligible minor child(ren) income Evaluate for student deduction.							
4. Remaining allocation to ineligible child(ren) (line 2 minus line 3)				a.	b.	c.	d.
5. Total allocation to ineligible child(ren) (add lines 4a., b., c., and d.)							
(Enter the amount from line 5 on line 6, Section I.)							
III. OMB/SLMB CHILD COMPUTATION							
1. Allocation from parent(s) (line 19, Section I rounded)				\$			
2. Add OMB/SLMB child's own RSDI income				-\$			
3. Add other unearned income				-\$			
4. Total unearned income (add lines 1 through 3)				\$			
5. Subtract any income deduction				-\$20			
6. Remainder (line 4 minus line 5)				\$			
7. Child(ren) countable earned income				-\$			
8. Subtract LRWE				-			
9. Subtract \$65 earned income deduction plus \$ of unused \$20				-			
10. Remainder (subtract lines 8 and 9 from line 7)				\$			
11. Countable earned income (divide line 10 by 2)				-\$			
12. Net nonexempt income (add lines 6 and 11)				\$			
13. Current OMB/SLMB poverty level for one				\$			
(If line 12 is less than line 13, the child is income eligible for OMB/SLMB.)							

* Individual parent deduction amount if any one parent lives with OMB/SLMB child applicant; couple parent deduction amount if both parents live with the child.

NC 176 OMB/SLMB-28 (11/93)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY PROGRAM INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Medicare Beneficiary Program. People eligible for this program will have their Medicare expenses for Part A and Part B premiums, coinsurance and deductibles paid by the Medi-Cal program. You may apply for the *QMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a Qualified Medicare Beneficiary (*QMB*).

HERE ARE THE FOUR REQUIREMENTS:

1. A *QMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *QMB* must have income which is equal to or less than \$643 if he/she is a single person or \$856 if he/she is married and living with a spouse.
3. A *QMB* must have property which is equal to or less than \$4000 if he/she is single or equal to or less than \$6000 if he/she is married and living with a spouse.
4. A *QMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *QMB* requirements.

REQUIREMENT 1 A *QMB* must be eligible for Medicare Part A.

- ☐ I already have Part A Medicare Hospital Insurance.
- ☐ I do not have Part A Hospital Insurance but I understand I must apply for Part A at the Social Security Administration before March 31st. I understand that I can make a "conditional application" for Part A so that I will only receive it if the premium is paid by the Medi-Cal program.
- ☐ I have already applied for Part A.
- ☐ I will apply before March 31st.

REQUIREMENT 2 A *QMB* who is not married or not living with a spouse must have countable income which is equal to or less than \$643. A *QMB* living with a spouse must have countable income which is equal to or less than \$856. These amounts are expected to increase sometime in April.

The following are examples of some types of income that count towards the *QMB* income limit. When a person applies to be a *QMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Health and Welfare Agency

Department of Health Services

I. Fill in the MONTHLY amounts for the person who wants to be a QMB.

- | | |
|--|-----------------|
| 1. Social Security check | \$ _____ |
| 2. VA benefits | \$ _____ |
| 3. Interest from bank accounts or certificates of deposits | \$ _____ |
| 4. Retirement Income | \$ _____ |
| 5. Any other Income | \$ _____ |
| 6. Total - Add lines 1 through 5. | \$ <u>_____</u> |

II. If you are married and living with your spouse, complete the following MONTHLY amounts for your spouse even if this spouse also wants to be a QMB.

- | | |
|---|-----------------|
| 7. Social Security check | \$ _____ |
| 8. VA benefits | \$ _____ |
| 9. Interest from bank accounts or certificates of deposit | \$ _____ |
| 10. Any other Income | \$ _____ |
| 11. Retirement Income | \$ _____ |
| 12. Total - Add lines 7 through 11. | \$ <u>_____</u> |

III. Fill in the MONTHLY amounts for the person in I. and if married, the spouse in II.

- | | |
|--|-----------------|
| 13. Gross earnings for the person who wants to be a <u>QMB</u> | \$ _____ |
| 14. Gross earnings for the Spouse | \$ _____ |
| 15. Total - Add lines 13 and 14 | \$ _____ |
| 16. Subtract \$65 | <u>-\$65</u> |
| 17. Remainder | \$ _____ |
| 18. Divide by 2 | \$ <u>_____</u> |
| 19. Total - Add lines 6, 12, and 18 | \$ <u>_____</u> |

If you are not married, this amount cannot exceed \$643. If you are married and living with your spouse, this total cannot exceed \$856. However, if you have children or your spouse has low income this total may be higher. If you received a Title II Social Security cost of living adjustment, this amount will not be counted until April.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

REQUIREMENT 3 A QMB who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4000. A QMB who is married and living with his/her spouse must have countable property which is equal to or less than \$6000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a QMB, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the QMB property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- | | |
|--|----------|
| 1. Checking accounts | \$ _____ |
| 2. Savings accounts | \$ _____ |
| 3. Certificates of Deposit | \$ _____ |
| 4. Stocks | \$ _____ |
| 5. Bonds | \$ _____ |
| 6. A second car (value minus amount owed) | \$ _____ |
| 7. A second home (value minus amount owed) | \$ _____ |
| 8. The cash surrender value of life insurance policies if
the face value of <u>all</u> policies combined exceeds \$1500.
(Do <u>not</u> include "term" insurance policies) | \$ _____ |
| 9. Total — Add lines 1 - 8 | \$ _____ |

This amount cannot exceed \$4000 for a single person or \$6000 for a couple.

REQUIREMENT 4 A QMB must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

Additional Information

For more information or if you wish to apply as a QMB, please call the number of your local department of social services.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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QUALIFIED MEDICARE BENEFICIARY PROGRAM

APPLICANT TYPE	MEDICARE COVERAGE	ACTION REQUIRED	QMB MEDS STATUS (80 Aid Code) **	ADDITIONAL BENEFITS	IMPACT TO APPLICANT
General public	Part A free	MO 210, etc., NOA	Active	Part B premium, Part A & B coinsurance and deductibles.	More spendable income.
General public	Pays Part A	MO 210, etc., NOA	Active	Part A & B premiums, coinsurance, and deductibles.	More spendable income.
General public	No Part A	Applicant must apply for Part A at SSA Office January—March. MO 210, etc. NOA	Pending	Part A & B premiums, coinsurance and deductibles.	Part A Medicare now provided. More spendable income if previously purchased Part B.
SSI recipient	Part A free	None*	None*	None	None
SSI recipient	Pays Part A	No face-to-face required. EW completes CA 1, reviews income on MEDS. NOA.	Active	Part A premium (DHS already pays Part B premium and Part A and B coinsurance and deductibles)	More spendable income.
SSI recipient	No Part A (on Buy-in)	No face-to-face required. EW completes CA 1, reviews income on MEDS. NOA and SSA 796 January—March.	Pending	Part A premium, coinsurance and deductible. DHS already pays Part B premium, coinsurance and deductible.	Possible wider choice of hospital providers, depending on location.
SSI recipient	No Part A or B	Applicant must apply at SSA. If eligible for Part B, process as having no Part A above. If not, send NOA/deny.	Pending if eligible for Part B, if not—none.	If eligible, See above.	If eligible, See above.
Medi-Cal only beneficiary	Part A free	EW reviews income. No NOA or other action required.	Active	None (DHS will receive FFP for part B premium, coinsurance, and deductibles.)	None
Medi-Cal only beneficiary	Pays Part A	EW reviews income. Send NOA.	Active	Part A premium. DHS already pays Part B premium, Part A and B coinsurance, and deductible.	More spendable income if no share-of-cost case.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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QUALIFIED MEDICARE BENEFICIARY PROGRAM

APPLICANT TYPE	MEDICARE COVERAGE	ACTION REQUIRED	QMB MEDS STATUS (80 Aid Code) **	ADDITIONAL BENEFITS	IMPACT TO APPLICANT
Medi-Cal only beneficiary	No Part A (On Buy-In)	EW reviews income. Send NOA and SSA 795 January—March.	Pending	Part A premium, coinsurance and deductible. DHS already pays Part B premium, coinsurance and deductible.	Possible wider choice of hospital providers, depending on location.
Medi-Cal only beneficiary	No Part A or B	Applicant must apply at SSA. If eligible for Part B, process as having no Part A above. If not, send NOA/deny. Send DHS 6166 to Buy-In Unit.	Pending If eligible for Part B. If not—none.	If eligible, see above.	If eligible, see above.
AFDC or IHSS cash recipient	Part A free	None*	None*	None	None
AFDC or IHSS cash recipient	Pays Part A	EW reviews income. Send NOA.	Active	Part A premium. DHS already pays Part B Premium and Part A and B coinsurance and deductible.	More spendable income.
AFDC or IHSS cash recipient	No Part A (on Buy-In)	EW reviews income. Send NOA and SSA 795 January—March.	Pending	Part A premium, coinsurance and deductible. DHS already pays Part B premium, coinsurance, and deductible.	Possible wider choice of hospital providers, depending on location.

* If an applicant requests a QMB evaluation even though he/she would have no additional benefits, the county should process the application using the same procedure as though he/she pays Part A premium.

** Assumed to be otherwise eligible, e.g., income, property, residency.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5M - PRESUMPTIVE ELIGIBILITY PROGRAM FOR PREGNANT WOMEN

1. BACKGROUND

At the end of the 1992 California Legislative Session, the Legislature passed AB 501, which requires the Department of Health Services to implement the federal option of Presumptive Eligibility (PE) for pregnant women as described in Section 1920 of the Social Security Act. The PE program allows qualified providers throughout the state to provide their low-income, pregnant patients with immediate, temporary Medi-Cal coverage for prenatal care services. These patients then must apply formally for Medi-Cal (or AFDC) at their local County Welfare Department (CWD), or outstationed clinic site, by the end of the month following the month in which their PE began. Implementation of this program will begin November 1, 1993.

NOTE: A patient must enroll in PE through a perinatal provider approved to participate in this program. PE benefits are available only through participating Medi-Cal providers.

2. CRITERIA FOR DETERMINING PE

Applicants must meet the following criteria to qualify for PE:

- a. her self-reported family income must not exceed 200 percent of the Federal Poverty Level (FPL); and
- b. her pregnancy must be confirmed.

3. QUALIFIED PROVIDERS

In order to become a Qualified Provider for the PE program, providers must:

- a. currently be enrolled as a Medi-Cal provider in good standing; and
- b. provide perinatal services.

Phase One of the PE program will begin with the Comprehensive Perinatal Services Program (CPSP) providers. Phase Two will include the remaining perinatal providers interested in participating in this program. If counties are contacted by providers wishing to become PE "Qualified Providers" they should refer them to their Provider Manual (Section 200-92), for Presumptive Eligibility - Qualified Provider application procedures.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

4. PE APPLICATION PROCESS: QUALIFIED PROVIDER RESPONSIBILITIES

Qualified Providers are responsible for the following:

- a. Offer the PE program to pregnant applicants who do not have Medi-Cal or adequate other health coverage. The Patient Fact Sheet (see Exhibit 1), should be given to the applicant for information;
- b. Conduct an income screening on interested applicants for PE by having the applicant complete the Application for Presumptive Eligibility (PREMED 1, see Exhibit 2) (If under 21 years of age, see number 5., Minor Consent Eligibles, below.);
- c. Inform the applicant at the time of the PE determination that she must file her Medi-Cal or AFDC application within a specified time (before the end of the month following the month of the PE application) in order for her PE to continue;
- d. Notify the applicant in writing if she is determined ineligible for PE and that she may still file an application for Medi-Cal with the county. This notice is the Explanation of Ineligibility for Presumptive Eligibility - (Exhibit 3);
- e. Assist the applicant in completing her application for Medi-Cal if needed (Application for Medi-Cal Only/PREMED 2, see Exhibit 4), and provide information on where to file her Medi-Cal or AFDC application;
- f. Notify the Department within 3 working days of those applicants eligible for PE;
- g. Inform the Department immediately if the applicant is in need of immediate services;
- h. Issue a temporary proof of eligibility card for PE (PREMEDCARD - Exhibit 5);
- i. Inform the applicant that she will receive her official Medi-Cal card for ambulatory prenatal care services only (Exhibit 6), in the mail within approximately 5 days;
- j. Maintain records of PE applications and provide these records to the Department upon request; and
- k. Attend PE training when possible, and keep informed on changes affecting PE through provider bulletins, notices and/or further training.

5. MINOR CONSENT ELIGIBLES

If a minor under 21 years of age applies for PE, she must provide information on her total family income, to the best of her knowledge. If the minor does not want her parents to know she is applying for Medi-Cal, or is not able to provide her family income, the provider cannot offer her PE. Instead, the provider will refer her to the CWD (or outstationed clinic site) to apply for Medi-Cal under the Minor Consent Program.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

6. DEPARTMENT RESPONSIBILITIES

The Department shall be responsible for the following:

- a. Receive and evaluate applications from providers wishing to participate in the PE program;
- b. Collect information on PE applicants from Qualified Providers;
- c. Input information on PE applicants onto MEDS;
- d. Order forms for Qualified Providers;
- e. Perform Quality Control functions on provider records for program evaluation purposes;
- f. Send out Medi-Cal cards for ambulatory prenatal care services only, to applicants within 5 working days; and
- g. Answer provider questions on PE (either via OB Hotline or Toll Free number).

7. COUNTY RESPONSIBILITIES

If the pregnant woman visits the CWD and presents her completed Medi-Cal application (PREMED 2) form before the expiration of her PE period, the county will:

- a. Check MEDS to verify if applicant is currently on PE;
- b. Update MEDS through new application transaction, to indicate the applicant has filed for Medi-Cal or AFDC (see numbers 10 and 11);
- c. Accept PREMED 2, issue MC 210 (or AFDC forms) and schedule interview;
- d. Complete the Medi-Cal/AFDC determination. If the county determines the applicant is Medi-Cal eligible without a Share of Cost (SOC), the eligibility worker (EW) or county MEDS person reports via transaction to MEDS through standard procedures. PE stops effective the date Medi-Cal eligibility begins (i.e., the county action to report a Medi-Cal eligible will override PE information on MEDS). If the county determines the applicant is eligible with a SOC, or is ineligible for Medi-Cal, PE stops at the end of the current eligibility month.

8. PE TERMINATION

- a. If the applicant does not visit the CWD before the expiration of her PE period:
 - 1) PE stops (end of month following the month of PE application);
 - 2) MEDS will show an end date for PE billing; and

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- 3) An edit is established on the FAME file that will not allow EDS to pay bills past the end date.
- b. If the applicant visits the CWD before the expiration of her PE period and applies for Medi-Cal or AFDC, PE shall continue for a 60 day period. This 60 day period is established by MEDS when the county updates the application information via EW 34 transaction when inserting an application date. If a Medi-Cal determination has not been made during this period it is the county's responsibility to continue PE past this point (see number 11, a. 6).
- c. If the CWD determines the applicant is ineligible for Medi-Cal, PE stops effective the end of that month. Applicant is still allowed PE coverage through end date of the card.

NOTE: If ineligibility is determined after renewal, a PE card will be issued for the next month.

9. AID CODES

<u>PE Beneficiaries-200% Program</u>	
Aid Code	Benefits
7F	Pregnancy Test Only (All Alienage Categories)
7G	Ambulatory Prenatal Care Services Only. (All Alienage Categories)

10. MEDS INTERFACE

- a. 14-Digit ID Number - (58-7G-Z123412-3-45)

When an applicant is determined eligible for PE by a Qualified Provider, she will be issued a PE identification number. The breakdown is as follows:

- Two digits for county ID (determined by location of provider's office - see number 11 below for more information),
- Aid Code (see number 9 above),
- Z for placeholder,
- Four digit provider PE ID number, and
- Five digits randomly assigned.

This number will appear on her temporary PE card (PREMED CARD) and the pregnancy verification (lower portion of the PREMED 2). After determining eligibility, the Qualified Provider will report this number to the Department via the 800 number or FAX number for input onto MEDS. The aid code reported to MEDS by the Qualified Provider for PE will be aid code 7G (200%, ambulatory prenatal care-see number 9 above).

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b. MEDS record update for PE

1) Pending applications recorded on MEDS

MEDS has been updated to accept pending application information from the counties for all programs. For PE purposes, recording a pending Medi-Cal or AFDC application will initiate production of the next PE card and begin the 60 day limit for PE Medi-Cal applications pending with the county.

2) Denials

MEDS has been updated to accept denial information from counties on Medi-Cal records. An EW 34 shall be used for this purpose.

11. MEDI-CAL DETERMINATION PROCESS OF PE PARTICIPANTS

The counties shall develop a Medi-Cal determination process for streamlining PE applicants that reflects established county promptness requirements and incorporates the goal of streamlining the eligibility process for pregnant women. The following describes county responsibilities for PE.

a. Reporting PE application updates to MEDS

1) Locating the PE record on MEDS using the 14-digit PE ID number (see number 10 which discusses the 14-digit number.)

- a) If the SSN is known to MEDS on the PE record, the county may submit either an online or batch transaction to record the pending Medi-Cal or AFDC application on MEDS, produce further PE cards, and overlay the PE record. Counties may use an EW 20 with an ESAC of P or an EW 34. If an online transaction is used, counties shall submit an EW 34.
- b) If the SSN was not reported to MEDS at the time of PE application, check MEDS for other records. If prior records exist, counties will need to join these records by the EW 11 online transaction. If the SSN is not known to MEDS at the time of PE application, a pseudo ID will be assigned by MEDS. If the county obtains the SSN information, the county shall use the EW 10 online/batch transaction to change the information on MEDS. If the PE record has a pseudo number and there are no prior records for the applicant on MEDS, assure that the same pseudo number is reported when the Medi-Cal application is approved or denied.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

2) Applications in Counties other than the County of Residence

Counties that accept courtesy applications:

If a PE applicant applies for Medi-Cal or AFDC in a county other than the county of residence, the receiving county shall accept the application and submit an online transaction to update MEDS, which will initiate production of the continuing PE cards (as described in 1) above. The receiving county should then send the information to the PE applicant's county of residence for Medi-Cal determination.

3) Medi-Cal Intake

Issue the applicant the MC 210 and follow established county policy for setting up the interview. See number 13 for suggested language for a notice to PE applicants whose Medi-Cal applications are approved or denied.

4) AFDC Intake

Upon receipt by the CWD of the PREMEDI2, counties shall issue correct AFDC forms (SAWS 1 and JA2 or SAWS 2) and complete the intake process as per current county policy.

Referral of AFDC denials to Medi-Cal:

If the beneficiary is ineligible for AFDC, a referral to Medi-Cal intake shall be made as per current county policy.

5) Discontinuance of PE after Medi-Cal determination

- a) If Medi-Cal or AFDC is approved, PE will discontinue effective the date of the approval.
- b) If eligible for Medi-Cal or AFDC, the temporary or Medi-Cal PE card would become ineffective upon receipt of the full scope or restricted services Medi-Cal card.
- c) If Medi-Cal is denied or the county determines that the MFBU has a SOC, PE will discontinue at the end of the current eligibility month for those records where the county submits the information to MEDS prior to cutoff. PE will end at the end of the next month for those records where the information is submitted to MEDS after cut off.

6) Automatic discontinuance 60 days after filing of application for Medi-Cal or AFDC

PE will discontinue 60 days after the date the woman files an application for Medi-Cal or AFDC with the CWD: receipt of the Medi-Cal or AFDC application (PREMED 2 or SAWS 1) in the CWD is the date of application. If, as a result of delays in the intake process, 60 days have nearly elapsed since application, the county must submit a MEDS transaction (EW 30) to ensure the continued issuance

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

of the PE card pending Medi-Cal. The county is also responsible for discontinuing the PE record once a Medi-Cal determination has been made. This will happen either automatically once a positive Medi-Cal or AFDC determination is made or through sending a transaction indicating that the applicant was denied eligibility.

7) Automatic discontinuance one month after Estimated Date of Confinement (E.D.C.)

MEDS will automatically discontinue PE one month after the woman's E.D.C. regardless of whether she has applied for Medi-Cal or AFDC.

8) Immediate Need and Replacement for Lost, Stolen or Destroyed PE Cards

When a PE participant requests an immediate need card, or a replacement for a lost, stolen or destroyed PE card, the county shall be responsible for issuing a Medi-Cal card restricted to ambulatory prenatal care services only (see Exhibit 6) if the applicant provides the 14-digit ID number.

9) Recision

In cases where Medi-Cal is denied and the case is subsequently reopened, counties shall submit an online transaction (EW 30) to MEDS to reactivate the record.

10) MEDS record change

If a county submits an EW 34 transaction with a valid SSN to update a PE record with a pseudo MEDS-ID, the transaction will reject (MEDS-ID/County ID conflict). The county must first submit an EW 10 (MEDS ID change). Then submit an EW 34 transaction using the valid SSN and the assigned County ID. The County ID will then overlay the current PE record with the new county ID.

11) PE County ID number change

Counties will be given the capability of overriding the County ID number on the PE record if the woman's county of residence differs. This will be accomplished on the EW 34 screen.

b. MEDS Recipient Inquiry Screen for PE

For your information, a number of new fields will be in use on the PE Recipient Inquiry screen. Please note that the E.D.C. has been added to this screen. (This screen is located on the Special Programs segment of the Recipient Inquiry screen.) The structure of these screens is scheduled to change. Please reference the MEDS Manual, Chapters 10 and 13 for the final screens.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

12. MEDS ALERTS

A number of worker alerts and reports will be available for pending PE files that the county records.

- An alert will be produced at 30 and 45 days.
- A second alert will be produced warning the worker that the card will be discontinued 60 days after the pending application has been recorded.
- A report listing PE cards that have been automatically discontinued after 60 days will be sent to county Medi-Cal program management and Department staff.

13. LANGUAGE FOR PE NOTICES

There are no Notice of Action requirements for the PE program. We have developed the following language for counties to use for the PE applicant once her Medi-Cal eligibility has been determined.

Approval, no SOC:

"You are now eligible to receive full pregnancy related services through the use of your regular Medi-Cal card, Pregnancy Related Services Only card, or your Restricted Benefits card. Please destroy your PE card once you receive one of the cards listed above in the mail. It will no longer be valid.

If you have questions about your Medi-Cal application or how to use your Medi-Cal card, contact your local County Welfare Department at the number listed on your Notice of Action."

Denial or Approval with an SOC:

"Your eligibility for PE will end on the last day of this month. You may use your PE card to obtain prenatal care services until then.

If you have questions about your Medi-Cal application or how to use your PE card, contact your local County Welfare Department at the number listed on your Notice of Action."

PRESUMPTIVE ELIGIBILITY PATIENT FACT SHEET



What is Presumptive Eligibility?

Presumptive Eligibility (PE) is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care to low-income pregnant women.

Who is eligible for PE?

Any woman who thinks she is pregnant and whose family income is under a certain amount is eligible for PE, however she must seek this care through a participating provider. Ask your provider if he/she offers this coverage and how you can apply.

Will PE pay for the pregnancy test?

Yes, if you are eligible, PE will pay your provider for the cost of the pregnancy test.

How long will I be eligible for PE?

You will be eligible for PE until your eligibility for Medi-Cal (or AFDC) is determined. If you fail to apply for Medi-Cal, your eligibility for PE will end at the end of the month following the month in which you first apply for PE.

Will I still be able to get PE while the County Welfare Department is processing my Medi-Cal or AFDC application?

Yes, you will continue to be eligible for PE after you apply for regular Medi-Cal (or AFDC) at your local County Welfare Department until your eligibility for these programs has been determined.

What services does PE cover?

PE covers all walk-in prenatal care services except for delivery, family planning or abortion procedures.

***IF YOU HAVE QUESTIONS OR YOU WOULD LIKE TO
APPLY FOR PE BENEFITS, ASK YOUR PROVIDER.***

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

APPLICATION FOR PRESUMPTIVE ELIGIBILITY ONLY				
Before completing this application, read the directions. If you need help completing this form, please ask your provider for assistance.				
SECTION A. APPLICANT INFORMATION				
Home Address:	Number	Street	City	Zip Code
Business Address or Office:	Number	Street	City	Zip Code
Telephone Number:	Area	Number	Extension	
If no business address, list an address you can be reached.				
SECTION B. HOUSEHOLD/INCOME INFORMATION				
<p>1. Please list in COLUMN I all family members (spouse, children, parents, siblings) living in your household, their relationship to you, and their date of birth.</p> <p>2. Has anyone ever asked for or gotten aid anywhere? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. If you or any family member in your household receive benefits or unearned income, include income from employment, self-employment, tips, commissions, pensions, Social Security, unemployment benefits, gifts, annuities, VA or unemployment benefits, etc. List the total amount in COLUMN II under Gross Monthly Income, and where you get the money from under Source.</p>				
COLUMN I			COLUMN II	
Name Last, First, Middle Initial	Relationship	Date of Birth	Gross Monthly Income	Source
	SELF			
	UNBORN			
If you need more space to answer, please write on the back of this sheet of paper and check the box. <input type="checkbox"/>				
I CERTIFY I HAVE READ AND UNDERSTAND THIS FORM. I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT AND COMPLETE.				
Signature of adult or guardian of each applicant			Date	
Signature of Provider or date of signature of each applicant			Date	
STOP !! THIS COMPLETES YOUR APPLICATION FOR PRESUMPTIVE ELIGIBILITY STOP !!				
FOR PROVIDER USE ONLY				
OTHER ID:		Total Family Income:		Number in Family:
TYPE:		Income Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROVIDER: ADDRESS LINE 1: ADDRESS LINE 2: CITY CA ZIP TELEPHONE # ()		NAME: DOB(MM/DD/YYYY): MEDI-CAL ID: VAL(MM/YY): Pregnancy Test Results? <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
PE Provider Signature: _____		Date: _____ EDC _____		
PE Provider Title: _____				

FORMED 1 (5/93)

FAX Number 1-800-444-1444

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Provider Name:
Provider Address:

Provider Telephone Number:
Patient Name:
Patient Address:

Date:

EXPLANATION OF INELIGIBILITY FOR PRESUMPTIVE ELIGIBILITY

This is to advise you that, based on the information you provided, you are not eligible for the Presumptive Eligibility Program for Pregnant Women because of the reason checked below:

- ☐ Your total family income is more than 200% of the Federal Poverty level for your family size.
- ☐ You are not pregnant.

Signature

Name of Person Completing Determination

Title

NOTICE: You may be eligible for the regular Medi-Cal program or other county medical programs. To get more information about who qualifies and how to apply, please call the number in the County Government section of your Telephone Directory for the County Welfare Department nearest where you live.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES


APPLICATION FOR MEDI-CAL PROGRAM ONLY

If you are applying for the Medi-Cal Program only, please complete this form. If you wish to apply for other programs such as AFDC, do not complete this form; take this form to the County Welfare Department and tell the receptionist you wish to apply for these programs. **NOTE:** You must return this form (PREMED 2) to your County Welfare Department by the end of next month in order for PE coverage to continue. Please complete items 1 through 8 and sign the Certification and Perjury Statement below.

1. Home Address: (Permanent/Usual/Le Case)		COUNTY USE ONLY	
Moving Address if Different: (Permanent/Usual/Le Case)		COUNTY OF APPLICATION:	
2. Telephone Numbers: (Home/Work/Mobile)		Co. of Residence (if Diff):	
3. If no permanent address, tell us where you can be reached.		Date Received:	
4. Please read "WHAT WE MEAN WHEN WE SAY ON THE FORM" on the attached coversheet before answering this question. DO NOT ANSWER THIS QUESTION IF YOU ARE APPLYING FOR RESTRICTED MEDICAL BENEFITS		Case Name:	
5. How much liquid resources does everyone, including children, have? <input type="checkbox"/> Cash, uncashed checks or money orders \$ _____ <input type="checkbox"/> Checking/savings or credit union accounts \$ _____ <input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ _____ <input type="checkbox"/> Other (explain): \$ _____		Case Number:	
6. Has anyone ever asked for or gotten aid anywhere? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: under what name, where, when and type(s) of aid.		TYPE OF APPLICATION <input type="checkbox"/> Full <input type="checkbox"/> Restricted	
7. Does anyone have a personal emergency? If YES, what kind? <input type="checkbox"/> Medical <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Spousal Abuse <input type="checkbox"/> Other Do you have another kind of emergency which threatens your health or safety? If YES, explain: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> MEDS CDB cleared <input type="checkbox"/> IEVS needed <input type="checkbox"/> CWD records cleared	
8. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility. a. Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander (specify): b. Language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other/Specify:		Ethnic Group: Primary Language:	
CERTIFICATION AND PERJURY STATEMENT			
* I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified. * I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.			
Signature (or Mark) of Applicant or Authorized Representative		Date Signed	
Signature of Witness to Mark or Interpreter		Date Signed	
FOR PROVIDER USE ONLY - PREGNANCY VERIFICATION			
NAME: _____ DOB (MM/DD/YY): _____ MEDI-CAL ID: _____ VAL (MM/YY): _____ PE Provider Signature: _____ Pregnancy Test Results? <input type="checkbox"/> Positive <input type="checkbox"/> Negative PE Provider Title: _____ Date: _____ E.D.C. _____			

PREMED 2 (10/93) (REQUIRED FORM - NO SUBSTITUTIONS PERMITTED)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

MEDI-CAL PRESUMPTIVE ELIGIBILITY IDENTIFICATION CARD	
SIGNATURE/FIRMA _____	DATE/FECHA _____
THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER PRESUMPTIVE ELIGIBILITY	
*** VALID FOR AMBULATORY PRENATAL CARE SERVICES ONLY ***	
	NAME _____
	DOB (MM/DD/YY) _____
	MEDI-CAL ID. _____
	EXPIRATION DATE (MM/YY) _____
PE PROVIDER SIGNATURE _____	
PE PROVIDER TITLE _____	DATE _____

—(MEDI-CARD #1-93) (REQUIRED FORM - NO SUBSTITUTIONS PERMITTED)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

STATE ISSUED PRESUMPTIVE ELIGIBILITY MEDI-CAL CARD

MEDI-CAL IDENTIFICATION CARD	
SIGNATURE (PRINT)	DATE/PERIOD
VAL JUN93 XX/XX/XXX F MEDSID XXXXXXXXX X	XXXXXXXXX : 0693 F9XX
VALID ONLY FOR AMBULATORY PRENATAL CARE SERVICES	LAST NAME FIRST
.....	XX-XX
.....	00 : XXXXXXXXX
.....	XXXXXXXXX : 0693 F9XX
.....	LAST NAME FIRST
.....	XX-XX
.....	00 : XXXXXXXXX
FIRST NAME LAST NAME	XXXXXXXXX : 0693 F9XX
ADDRESS LINE 1	LAST NAME FIRST
----- BOX A 101	XX-XX
----- CITY/STATE	00 : XXXXXXXXX
ZIP CODE - 1004	XXXXXXXXX : 0693 F9XX
31-76-1123456-7-10	LAST NAME FIRST
Q326	XX-XX
001 EW01	00 : XXXXXXXXX

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER
MEDI-CAL SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5N-TUBERCULOSIS (TB) PROGRAM

A. BACKGROUND

Section 13603 of the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) establishes an optional new program for persons infected with tuberculosis whose income and resources do not exceed the maximum amount for a disabled individual. State law (Chapter 147, Statutes of 1994, (Assembly Bill 2377) specifies that this program be adopted. This program shall be implemented as of October 1, 1994.

B. OVERVIEW OF PROCESS

Medi-Cal clinics and Medi-Cal providers who serve TB infected persons are encouraged to assist such persons in applying for Medi-Cal. This is an alternative to the applicant applying directly at the county. These providers may help applicants complete all initial Medi-Cal forms used in the application process and may gather applicant verification. This information will then be forwarded to the county welfare department (CWD) for a Medi-Cal determination. Several clinics have advised us that they are willing to facilitate the Medi-Cal application process.

C. AID CODE

Individuals (both adults and children) eligible for the TB program are identified on MEDS under the new aid code of 7H.

D. OVERVIEW OF ELIGIBILITY REQUIREMENTS

See Part E for Details.

To be eligible for the TB Program, a person must:

- o Be infected with TB. This factor links a person to Medi-Cal.
- o Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- o Be a United States citizen or a person who has satisfactory immigration status.
- o Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. (See details under Income--Part E below.) Property can be no more than \$2,000 for an individual including a child. However, when two parents are present when determining a child's property eligibility, the parents are allowed \$3,000 as a deduction from their property before it is deemed to the TB child.
- o Meet all other Medi-Cal requirements. This factor addresses nonlinking Medi-Cal requirements such as cooperation, verification, status reporting, etc.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

E DETAILS OF ELIGIBILITY REQUIREMENTS

1. TB INFECTED

Definition

Infected with TB relates to a condition in which living tubercle bacilli are present in an individual without producing clinically active disease. A TB infection is active when it produces disease as demonstrated by clinical, bacteriologic, and/or radiographic evidence.

Determination of TB Infection

The determination of whether an individual is TB infected shall only be made by a Medi-Cal physician. Department of Health Services has developed a Tuberculosis Application form which includes a section for these physicians to use to certify TB infection. (See Part G for details about this form.)

2. NOT BE A MEDI-CAL BENEFICIARY WHOSE COVERAGE IS MANDATED BY FEDERAL LAW.

The beneficiary cannot be eligible for Medi-Cal under one of the programs listed below. These individuals are currently eligible for full scope, zero share-of-cost Medi-Cal benefits which includes TB coverage if necessary. They do not need additional coverage under the Medi-Cal TB program. Counties will not be allowed to enter the TB aid code 7H onto the Medi-Cal Eligibility Data Systems (MEDS) if the beneficiary is eligible for one of the programs listed below.

- (1) Aid to Families with Dependent Children (AFDC)-Federal
- (2) Supplemental Security Income/State Supplementary Program
- (3) Other Public Assistance (Other PA).
- (4) One of the federal poverty level (FPL) programs.

In addition, a beneficiary eligible for full scope, zero share-of-cost Medi-Cal under the Medically Needy or Medically Indigent program also does not need coverage under the TB program.

3. BE A UNITED STATES CITIZEN OR A PERSON WHO HAS SATISFACTORY IMMIGRATION STATUS (SIS)

A person applying for the TB program must be a United States citizen or an alien who would be eligible for full scope benefits if he/she were otherwise linked to Medi-Cal. Counties will follow the usual regulations, procedures and guidelines for determining citizenship-alien status. Persons who are eligible for restricted Medi-Cal as defined in Title 22 Section 50302 (b) are ineligible for this program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. INCOME AND PROPERTY DO NOT EXCEED A MAXIMUM AMOUNT FOR A DISABLED INDIVIDUAL

OBRA '93 specifies that the income/resources of a TB-infected individual must not exceed the maximum amount of income or property a disabled individual may have under the SSI program.

(A) Whose Income and Property is Used

Unmarried Adult: If the adult is an unmarried applicant, use only his/her own income and property.

Married: If the applicant is married and living with his/her spouse, use only the income received in the applicant's own name. For property, only use the applicant's separate property and one-half of community property.

Child: A child is defined as an unmarried person under the age of 18.

If the applicant is a child, use his or her own income and property and the income and property of any of his or her parent(s) who are not eligible for the TB program.

If more than one child is applying for the TB program, the parent's allocation to the TB applicant children is divided among the potential TB applicant children.

Each unmarried person, including a child, applying for the TB program is evaluated separately. If a married couple is applying, TB eligibility is determined separately.

(B) Income Methodology

(1) TB Income Standard

The term "TB income standard" means the maximum amount of income a person may have and still be income eligible for this program. This is the amount against which the applicant's net nonexempt income is tested.

For 1994, the TB income standard is \$977. For 1995, the TB income standard is \$1,001. The TB income standard is not changed by the presence in the home of a spouse or children of the applicant or applicant's spouse. The TB income standard is based on a computation using the federal benefit rate (FBR) which changes each January.

(2) Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The TB applicant is treated as if he/she were a disabled person when determining deductions and exemptions.

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Exceptions - There are three exceptions to the use of Article 10.

Exception 1: Parental Allocation to Ineligible Children

Instead of the allocation to excluded children as provided in Article 10, Title 22, Section 50558, a parental allocation as described below will be applied.

a. Who may have this allocation:

(i) A parent who is not eligible for the TB program before the parent's income is used to determine the TB income eligibility of his/her child.

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person not applying for the TB program who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

c. How to determine the amount of the parental allocation:

(i) Determine the standard SSI allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, likely in January.

(ii) Subtract each ineligible child's own income from the standard child allocation.

Student Deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1620 per year, if the ineligible child is regularly attending a school, college, university, or a course of vocational training to prepare him for gainful employment.

(iii) The remainder is each ineligible child's parental allocation.

(iv) Total each ineligible child's parental allocation. The total is the actual parental allocation.

(v) This allocation is applied first to the ineligible parent's unearned income and then to his/her earned income.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EDITS:	ERROR MESSAGE:	ACTION
	<u>ONLINE</u>	
REFUGEE/ALIEN IND = '9', AGE < 64 YEARS 8 MONTH	385 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YEARS 9 MONTHS	REJECT TRANS
INS-ENTRY-DATE < BIRTHDATE	386 INS-ENTRY-MMY MAY NOT BE PRIOR TO BIRTH DATE	REJECT TRANS
INS-ENTRY-DATE > CURRENT DATE	315 INS-ENTRY-MMY MAY NOT BE A FUTURE DATE	REJECT TRANS
REFUGEE/ALIEN IND = 'K', 'D', 'C', 'Z', 'L', 'X', 'E', 'R', 'S', 'W', 'Y', 'S' NO INS-ENTRY-DATE ON MEDS OR TRANS	314 INS-ENTRY-MMY DATE REQUIRED WHEN REFUGEE/ALIEN ENTERED	REJECT TRANS
INS-ENTRY DATE > SPACES NO REFUGEE/ALIEN IND ON MEDS OR TRANS	317 REFUGEE/ALIEN REQUIRED WHEN INS-ENTRY-MMY ENTERED	REJECT TRANS
ELIG-APPROVAL-DATE > CURRENT DATE	401 ELIG-APPROVAL-DATE CANNOT BE GREATER THAN CURRENT DATE	REJECT TRANS
	<u>BATCH TRANS</u>	
INS-ENTRY-DATE GREATER THAN CURRENT DATE	1616 INS-ENTRY-MMY MAY NOT BE A FUTURE DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
INS-ENTRY-DATE LESS THAN BIRTH DATE	1091 INS-ENTRY-MMY CANNOT BE PRIOR TO BIRTH DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
REFUGEE/ALIEN IND IS ALPHA	0004 INVALID CHARACTER WITHIN FIELD ACCEPT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
REFUGEE/ALIEN IND = '9' AGE < 64 YEARS 9 MONTHS	1090 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YRS 9 MONTHS URGENT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
MEDS AID CODE = '01', '02', OR '08' TRANS REFUGEE/ALIEN IND = '0' OR '9'	2155 REFUGEE/ALIEN INFORMATION INCOMPLETE OR INCONSISTENT ACTION	MEDS REFUGEE ALIEN IND IS NOT CHANGED
	<u>RENEWAL</u>	
CHECK IF THERE IS A 01, 02 OR 08 AID CODE IN THE CURRENT OR HISTORY SEGMENTS WITHOUT A REFUGEE/ALIEN IND	8503 REFUGEE/ALIEN INFORMATION MISSING OR INCOMPLETE	ACTION

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

*Example
7*

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

*1995 Income
Standards*

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME	CASE NUMBER
APPLICANT'S NAME	
TB INDIVIDUAL'S TOTAL COUNTABLE INCOME	
	a. TB APPLICANT b. TB SPOUSE
PART A. UNEARNED INCOME	
1. Applicant's Gross Unearned Income:	
2. Subtract General Income Exclusion:	
3. Subtract Other Unearned Income Deductions:	
4. Total Countable Unearned Income:	
PART B. EARNED INCOME	
5. Applicant's Earned Income:	<i>1655</i>
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))	<i>20</i>
7. Remaining Earned Income:	<i>1635</i>
8. Subtract Work Expense Exclusion:	<i>- 65</i>
9. Subtract Other Earned Income Deductions:	<i>—</i>
10. Remaining Earned Income:	<i>1570</i>
11. Subtract One-Half (1/2) Remaining Earned Income:	<i>785</i>
12. Total Countable Earned Income:	<i>785</i>
13. Total Countable Income (add lines 4 and 12):	<i>785</i>
PART C. TB ELIGIBILITY CALCULATION	
14. Current TB Income Standard for Individual:	<i>1001</i>
15. Enter Total Countable Income (line 13):	<i>785</i>
(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.) <i>TB income eligible</i>	
Eligibility Worker Signature	Worker Number
Computation Date	County Use Only

MC 282 TB (7/89)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

CASE NAME Ng. OMO CASE NUMBER 1995 STANDARDS
APPLICANT'S NAME KAI OMO

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if source is PA, other PA, or TB: \$ 0

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB allotment or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
NAME	NAME	NAME	NAME
229	229		
-100	-100	-	-

- a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):

- b. Minus child's income:

- c. Total allocation:

129 + 129 = 258

3. Remaining unearned income (subtract line I.2.c. from line I.1.):

\$ 258

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income:

\$ 1649

2. Unused portion of allocation for ineligible child(ren):

\$ 258

3. Remaining earned income (subtract II.2. from II.1.):

\$ 1391

IF THERE IS NO INCOME REMAINING AND I.3. AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION	
Unearned Income	1. Deemed income from Part I.1.5. <u>195</u>	
1. Remaining unearned income (after allocation) or zero from I.3. <u>0</u>	2. Eligible child's own OASDI income <u>0</u>	
2. A. Subtract general income exclusion <u>-20</u>	3. Other unearned income <u>0</u>	
B. Subtract other unearned income exclusions <u>-</u>	4. A. Subtract general income exclusion <u>-20</u>	
3. Countable unearned income (to II.11.) <u>0</u>	B. Subtract other unearned income exclusions <u>-</u>	
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. + 320) <u>195</u>	
4. Remaining earned income (from II.3.) <u>1391</u>	6. A. Child's countable earned income (subtract \$65 + 1/2 remainder) <u>0</u>	
B. Subtract earned or general income exclusion <u>20</u>	B. Subtract other earned income exclusions <u>0</u>	
5. Remainder <u>1371</u>	7. Total countable income <u>195</u>	
C. Subtract work expense exclusion <u>3</u>	8. Current TB income standard <u>195</u>	
D. Subtract other earned income exclusions <u>-</u>	If line IV-7 is less than or equal to line IV.8., this person is income eligible.	
6. Remainder <u>1368</u>		
E. Subtract 1/2 remainder <u>684</u>		
7. Countable earned income (to II.12.) <u>684</u>		
Deemed Income		
8. Countable unearned income (from II.11.) <u>0</u>		
9. Add countable earned income (from II.10.) <u>684</u>		
10. Total countable income (from II.11. + II.12.) <u>684</u>		
11. Subtract general exclusion <u>-458</u>		
12. Deemed income. Enter on Line IV.1. <u>195</u>		

TB Income eligible

HC 95-100

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Exception 2: Parental Deduction:

a. Who may have this deduction:

This deduction is available to a parent or parents whose income is being deemed to a child whose income eligibility for the TB program is being determined.

b. Amount of the Deduction:

The amount of the deduction is the federal benefit rate for one if only one ineligible parent lives in the home with the child or it is the federal benefit rate for a couple if both ineligible parents live in the home with the child.

Exception 3: No Deeming from Ineligible Spouse:

There will be no deeming from the ineligible spouse.

(3) Income eligibility

Compare the applicant's net nonexempt income to the TB income standard. If net nonexempt income exceeds the TB standard, the person is ineligible for the TB program.

(C) Property Methodology

(1) TB Property Limits

The resource limit for an individual (including a child) is \$2,000.

The resource limits do not increase even if the applicant and/or his or her spouse have children living in the home.

(2) Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

If the TB applicant is a child, property is deemed to the child as follows.

One parent in the home

If there is only one parent living in the home who is not eligible for the TB program, reduce the parent's property by the property limit for one. The remainder is deemed to the child.

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Two parents or one parent and a stepparent in the home

If there are two parents living in the home and neither is eligible for the TB program, reduce the parents' property by the regular Medi-Cal limit for two. The remainder is deemed to the child.

If there are two parents living in the home and one is ineligible for the TB program, reduce the parent's property by the property limit for one. The remainder is deemed to the child.

If there is more than one child applying for the TB program, the parent(s)' property is divided among the potential TB applicant children. However, as soon as a child is determined ineligible for the TB program, the parent(s)' property must be redivided among the remaining children to determine their TB property eligibility, even if their eligibility had been determined already.

(3) Resource Eligibility

Net nonexempt property is compared to the TB property limit. If net nonexempt property is less than or equal to the TB limit, the applicant is TB property eligible.

F. SCOPE OF BENEFITS - LIMITED TO TB RELATED SERVICES

The following services are available under the TB program.

- o Physician specified clinics;
- o Outpatient hospital services;
- o Clinic services including specified clinics;
- o Federally - qualified health centers services;
- o Case management services; and
- o Services (other than room and board) to monitor prescribed drugs.

G. MEDI-CAL PROVIDER RESPONSIBILITIES

(A) Tuberculosis Application Form MC 274 TB

The Department of Health Services has developed a TB application form which will be available only to county welfare departments (CWDs) and Medi-Cal providers such as physicians and clinics. This form is entitled the "Application for Medi-Cal Tuberculosis Program".

This form replaces the SAWS 1 only for persons applying for the TB program at a Medi-Cal TB provider site.

On the second page Part B of this application Medi-Cal physicians or their designated staff must certify that the individual is infected with TB (by indicating this person requires preventive therapy for tuberculosis infection or that the person requires treatment for active TB) before submitting the application to the county.

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(B) Clinic Activities

Clinics and providers (see Part N) are encouraged to help applicants complete the following forms and submit them to the county:

1. MEDI-CAL TB APPLICATION (MC 274 TB)
2. MC 210 STATEMENT OF FACTS (MEDI-CAL)
3. MC 13 STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
4. MC 219 RIGHTS AND RESPONSIBILITIES
5. MC 210A SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE MEDI-CAL

Providers will order these forms from the DHS warehouse and must make the request on their office stationery and submit to:

**Department of Health Services' Warehouse
North Market Boulevard, Suite 9
Sacramento, CA 95834**

Face-to-Face: The required Medi-Cal application face-to-face interview can be conducted by the TB clinics or other providers acting on behalf of the CWDs. During the interview, the provider conducting the interview shall complete and explain the contents of the above described forms.

Verification: In addition, TB clinics and other participating Medi-Cal providers may gather necessary verifications. For example, providers may copy and forward to the CWD Social Security cards, alien registration cards, and other immigration documents for CWD verification of alien status. Providers may also forward other items such as copies of wage stubs or bank statements for CWD verification of earned and unearned income and property.

H. COUNTY RESPONSIBILITIES

TB Coordinator: The counties are responsible for designating in each county a coordinator who will receive TB applications and forms from Medi-Cal providers. Upon receipt of the application and additional forms, the counties will determine eligibility under the TB Medi-Cal program. If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometimes participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless or without a phone.)

CWDS shall notify beneficiaries in writing of their Medi-Cal eligibility and of any changes made in their eligibility. This written Notice of Action shall be issued for approvals, denials, or discontinuance of eligibility.

If the CWD determines that the applicant is eligible for the TB program, the eligibility worker or county MEDS person reports their eligibility under Aid Code 7H via a transaction to MEDS through standard procedures. Eligibility under 7H will continue until the counties redetermine, continue or terminate the beneficiary from the MEDS system.

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I. NOTICE OF ACTION (NOA)

We have developed specific NOA language for the TB program. Please use this approval, denial and discontinuance language and send them timely to the applicant (See Part N).

J. RETROACTIVE BENEFITS

As provided in Section 50710, Title 22, up to three months of retroactive coverage is available. However, retroactive coverage is only available on or after October 1, 1994. The TB Application form asks the provider to indicate whether the applicant was infected three months prior to the date the form was completed. If the application shows the person was infected at that time and he/she is otherwise eligible, retroactive coverage is appropriate. Counties are to use the Notice of Action form, MC 239D, to approve and deny retroactive eligibility.

K. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

Beneficiaries covered under the TB Program will use the Plastic Benefits Identification Card (BIC) for TB-related services. The message will be OUTPATIENT TB-RELATED SERVICES ONLY AT NO SHARE OF COST.

L. EXAMPLES - TREATMENT OF INCOME AND PROPERTY

EXAMPLE 1:

Mr. Smith, age 47 is homeless. He is not disabled. He receives monthly unemployment insurance benefits (UIB). On June 15, 1994, Mr. Smith is diagnosed at the county Medi-Cal clinic as being TB infected. The clinic advises him of the TB program and he agrees to apply. In June, he will receive his \$207 UIB and will have no other income. He has no property.

Provider Activities

The clinic assists Mr. Smith in completing the TB application and the MC 210. The clinic forwards these forms to the county TB coordinator.

County Welfare Department (CWD) Activities

The CWD reviews the TB application. A SAWS 1 is not used since the TB application form is used for those applying at a provider site. The CWD reviews the MC 210 and needs additional information from Mr. Smith, but Mr. Smith has no address or telephone. The CWD contacts the clinic's TB contact person and the clinic worker agrees to call the CWD when Mr. Smith next comes into the clinic. The next day, Mr. Smith comes in for TB treatment at the clinic. The CWD, Mr. Smith and the clinic worker hold a telephone conference call and the CWD is satisfied with the information now provided.

Income is determined as if Mr. Smith were disabled.

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The CWD determines TB income eligibility for June as follows:

$$\begin{array}{rcl} \$ 207 & \text{UIB} & \\ -20 & \text{any income disregard} & \\ \hline = \$ 187 & \text{net nonexempt income} & \end{array}$$

\$977.00 TB income standard in 1994

Mr. Smith's net nonexempt income does not exceed the TB income standard. He is income eligible.

If the other TB program requirements are met, the CWD will find Mr. Smith eligible for the TB program and establish Medi-Cal TB benefits under aid code 7H for June.

EXAMPLE 2:

On July 15, 1994, Mr. Jones, who lives alone, was determined TB infected at the county Medi-Cal clinic. The clinic explained about the TB program to him and Mr. Jones agrees to apply. The clinic informs him that he cannot work until the TB is no longer active. If Mr. Jones follows the prescribed regimen, his TB should no longer be active by about August 1. Mr. Jones will be on sick leave from July 16 through the end of July. He earned \$1,205 through July 15 and will earn \$1,200 in sick leave pay through the remainder of July.

Provider Activities

The clinic assists Mr. Jones in completing the TB application and MC 210. Mr. Jones provides the clinic with his July pay stubs. The clinic forwards the forms and a copy of his pay stubs to the CWD.

CWD Activities

The CWD reviews Mr. Jones' TB application and needs additional information about Mr. Jones' bank account. The CWD calls Mr. Jones at his home and Mr. Jones supplies his most recent bank statement. The CWD determines Mr. Jones' eligibility. His property is determined to be less than \$2,000, the property limit for one person.

Income is determined as if Mr. Jones were disabled. His sick leave pay is earned income.

$$\begin{array}{rcl} \$ 2,405 & \text{gross earned income} & \\ -20 & \text{any income deduction (There is no unearned income to apply this against)} & \\ -1,225 & \text{\$65 and 1/2 earned income deduction (\$65 + \$1,160)} & \\ \hline = \$ 1,160 & \text{net nonexempt income} & \end{array}$$

\$977.00 TB standard in 1994

The CWD compares Mr. Jones' net nonexempt income to \$977.00, the TB income standard. Mr. Jones is ineligible due to excess income.

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EXAMPLE 3:

In August, 1994, the county Medi-Cal clinic determines Mr. Brown to be TB infected (active TB). Mr. Brown is married and lives with his wife. They have no children. Mrs. Brown is TB infected (dormant TB) and the clinic will provide her with preventive TB therapy. Although Mr. Brown cannot work until his TB is no longer active, Mrs. Brown may continue to work since she does not have active TB. The clinic worker explains about the TB program and they agree to apply.

Mr. and Mrs. Brown both work. In August, Mr. Brown will earn \$1,655 gross income and Mrs. Brown will earn \$1,001 gross income. They have one car and have a \$2,500 savings account (all community property). There is no other property.

Provider Activities

The provider may choose to assist with the TB application or may refer Mrs. Brown to the CWD. If Mrs. Brown is referred to the CWD, the provider will have minimal activities in the TB application process. Instead of completing the TB Application and MC 210 at the provider site, Mrs. Brown will be referred to the CWD where she will apply for the TB program and be given the regular Medi-Cal application packet. The provider will complete only Part B of the TB application form entitled Medi-Cal Tuberculosis Program Referral Form for Mr. Brown and one referral form for Mrs. Brown. Mrs. Brown will take these forms to the CWD when she applies.

CWD activities

Consider Mr. and Mrs. Brown as separate individuals. Consider each person's separate property and half of community property.

\$1,655 Gross earned income of Mr. Brown
- 20 Any income deduction (There is no unearned income to apply this against.)
- 850 \$65 and 1/2 earned income deduction (\$65 + 785)

\$ 785 Net nonexempt income

\$ 977 TB income standard in 1994

Mr. Brown is income eligible.

\$1,001 Gross earned income of Mrs. Brown
- 20 Any income deduction (There is no unearned income to apply this against.)
- 523 \$65 and 1/2 earned income deduction (\$65 + 458)

\$ 458 Net nonexempt income

\$ 977 TB income standard in 1994

Mrs. Brown is income eligible.

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Mr. and Mrs. Brown each have a property limit of \$2,000. Each has a community property share of \$1,250. Consider each person's separate property and half of community property. The Browns are resource eligible.

If Mr. and Mrs. Brown are TB eligible, they will be put into aid code 7H.

Example 4:

The CWD TB coordinator receives a TB application form and an MC 210 from the county Medi-Cal clinic for Mr. and Mrs. Green who are homeless and cannot be contacted. The CWD is unable to determine whether the Greens are citizens or have satisfactory immigration status (SIS). The CWD advises the clinic that additional information is needed. The clinic discusses this with the Greens and the Greens inform the clinic that they are undocumented aliens. Since the Greens do not meet the citizenship/SIS requirement for the TB program, they are ineligible. The CWD sends a denial notice of action to the Greens via the clinic.

Example 5:

John Doe, aged 16, moved back into his parents' home in January, after being a runaway for 8 months. John and his two brothers are on Medi-Cal with a share of cost. Mr. and Mrs. Doe are on the County Medical Services Program. In February, John is diagnosed as TB infected. No other treatment is prescribed for the remainder of the family.

Mr. and Mrs. Doe are both employed. Mr. Doe earns \$850 gross income per month and Mrs. Doe earns \$801 gross income per month. They have one car and a \$2500 savings account. Mrs. Doe agrees to request an eligibility determination for the TB program for John. Since John already is on Medi-Cal, the provider only needs to complete Part B of the TB application form, the Medi-Cal Tuberculosis Program Referral Form which establishes TB infection. The provider calls the county TB coordinator and is told to mail the form directly to the eligibility worker.

CWD Activities

Because John already is a Medi-Cal beneficiary, all TB requirements are met except for the income and property determination.

Income Determination: John is treated as if he were disabled. Income of the parents is considered, but the parents' income is reduced by any allocation to ineligible children who are the other children who are not applying under the TB program. Assume the other children each have \$100 unearned income.

Determine the allocation to the ineligible children:

1. The standard SSI allocation to each ineligible child in 1994 is \$223.
2. Subtract each ineligible child's own income.

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3. The remainder is each ineligible child's allocation.
4. Total each ineligible child's allocation to determine the total allocation to ineligible children. Reduce the parent's income by this amount after the other unearned and earned deductions.

	Brother 1	Brother 2
Standard SSI allocation	\$ 223	\$ 223
Child's own income	- 100	- 100
Each child's allocation	\$ 123	\$ 123

Total allocation \$246

Parental Income Deemed to John:

\$1,651	Mr. and Mrs. Doe's gross earned income
- 246	Allocation to ineligible children
- 20	Any income deduction (There's no unearned income to apply it against)
- 725	\$65 and 1/2 earned income deduction (\$65 + \$660)
- 669	Parental Deduction for a couple in 1994 (couple FBR)
= \$ 0	Parental income deemed to John

John's TB Income Determination:

\$ 0	John's own income
0	Income from parents
= \$ 0	John's total income

\$ 977.00 TB income standard for one in 1994

John is income eligible.

Property Determination:

\$ 2,500	parents' savings account
- 3,000	parents' property exclusion
= \$ 0	parents' property deemed to John

Since John has no property of his own, he is property eligible.

The CWD puts John into aid code 7H for February.

He also continues on regular Medi-Cal with a share of cost.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example 6

Mr. Samuels is unmarried. He lives with his 6 year old son Will and the mother of his child. Mr. Samuels and Will were diagnosed with active TB at the county Medi-Cal clinic in June 1994. The child's mother needs no TB treatment. Mr. Samuels agrees to apply for the TB program for himself and Will. Mr. Samuels will earn \$1,535 gross income in June. The mother will earn \$2,000 gross income in June. Mr. Samuels has a \$2,800 savings bond and the mother has a \$5,000 savings account. Will has \$100 per month unearned income.

Eligibility is determined first for Mr. Samuels. If he is TB eligible, none of his income or property will be deemed to Will when Will's TB eligibility is determined. If Mr. Samuels is not TB eligible, his income and property will be deemed.

Income determination for Mr. Samuels:

Mr. Samuels is unmarried. For purposes of the TB program, only his income is used and compared to the TB standard.

\$1,535 gross earned income
- 20 any income disregard (there is no unearned income to apply it against)
- 790 \$65 and 1/2 earned income disregard (\$65 + \$725)
= \$ 725 net nonexempt income

\$977.00 TB income standard for one in 1994

Mr. Samuels is income eligible.

Property Determination for Mr. Samuels: Mr. Samuels' savings bond is a nonexempt resource. The savings account of the child's mother is not considered. Mr. Samuels' net nonexempt property of \$2,800 exceeds the \$2,000 TB property standard for an individual person. Mr. Samuels is ineligible for the TB program.

Income determination for Will:

Determine the income deemed to Will from his unmarried parents:

\$ 0 parents' combined unearned income
+ 3,535 parents' combined earned income
- 20 any income disregard
- 669 parent deduction
- 1,790 \$65 and 1/2 earned income disregard (\$65 + \$1,725)
= \$ 1,056 parental income deemed to Will

Determine Will's income

\$1,056 income from parents
+ 80 Will's own income (\$100 - \$20 any income deduction)
= \$1,136 Will's total income

\$977.00 TB standard for one in 1994

Will is income ineligible for the TB program and is ineligible for the TB program.

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Example 7:

Mr. Ono is married. He lives with his nine-year old son, Kai, two other sons and his wife.

Mr. Ono and Kai were diagnosed with active TB at the Medi-Cal Clinic. Mrs. Ono and the other two sons need no treatment. Mr. Ono agrees to apply for the TB program for himself and Kai. Mr. Ono will earn \$1,655 gross income in June. The mother will earn \$1,649 in June. Mrs. Ono has a \$100 savings account which is her separate property.

Eligibility is determined first for Mr. Ono. If he is eligible, none of his income or property will be deemed to Kai when Kai's eligibility is determined. If Mr. Ono is not TB eligible, his income and property will be deemed. Because none of Mrs. Ono's income or property is used to determine Mr. Ono's eligibility, Mrs. Ono's income and property will be deemed to Kai to determine his eligibility.

Income determination for Mr. Ono:

For purposes of the TB program, only his income is used and compared to the TB standard.

\$1,655 gross earned income

- 20 any income disregard (there is no unearned income to apply it against)
- 65 \$65 Work expense exclusion
- 785 One-half earned income disregard

\$ 785

\$1,001 TB income standard for one in 1995

Mr. Ono is income eligible.

Mr. Ono is property eligible.

Income Eligibility Determination for Kai:

Income of Mrs. Ono is considered, but her income is reduced by any allocation to ineligible children who are the other children who are not applying under the TB program.

Assume the other children each have \$100 unearned income.

Determine the allocation to the ineligible children:

1. The standard SSI allocation in 1995 is \$229.
2. Subtract each ineligible child's own income.
3. The remainder is each ineligible child's allocation.
4. Total each ineligible child's allocation to determine the total allocation to ineligible children.

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Reduce Mrs. Ono's income by this amount after the other unearned and earned deductions.

	<u>Brother 1</u>	<u>Brother 2</u>
Standard SSI allocation	\$229	\$229
Child's own income	- 100	- 100
	<hr/>	<hr/>
Each child's allocation	\$129	\$129
Total allocation	\$258	

Parental Income (Mrs. Ono) Deemed to Kai:

\$1,649.00	Mrs. Ono's gross earned income
- 258.00	Allocation to ineligible children.
- 20.00	Any income deduction (There's no unearned income to apply it against)
- 65.00	Subtract work expense exclusion
- 653.00	One-half earned income deduction
<hr/>	
\$ 653.00	Remainder
- 458.00	Parental Deduction for an individual in 1995
<hr/>	
\$ 195.00	Parental income deemed to Kai

Kai's TB income determination:

\$.00	Kai's own income
+ 195.00	Income from Kai's mother
- 20.00	General Income Exclusion
<hr/>	
\$ 175.00	Kai's total income
\$1,001.00	TB income standard for one in 1995

Kai is income eligible.

Property Determination:

\$ 100.00	Mrs. Ono's savings account
2,000.00	Mrs. Ono's property exclusion
<hr/>	
\$.00	Mrs. Ono's property deemed to Kai

Since Kai has no property of his own, he is property eligible.

The CWD will put Kai and Mr. Ono into Aid Code 7H.

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State of California—Health and Welfare Agency

Department of Health Services

Example 1

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

**Using 1994
Income
Standards**

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME Mr. Smith	CASE NUMBER
APPLICANT'S NAME Mr. Smith	
TB INDIVIDUAL'S TOTAL COUNTABLE INCOME	
	a. TB APPLICANT b. TB SPOUSE
PART A. UNEARNED INCOME	
1. Applicant's Gross Unearned Income:	207
2. Subtract General Income Exclusion:	- 20
3. Subtract Other Unearned Income Deductions:	187
4. Total Countable Unearned Income:	
PART B. EARNED INCOME	
5. Applicant's Earned Income:	_____
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	_____
7. Remaining Earned Income:	_____
8. Subtract Work Expense Exclusion:	_____
9. Subtract Other Earned Income Deductions:	_____
10. Remaining Earned Income:	_____
11. Subtract One-Half (1/2) Remaining Earned Income:	_____
12. Total Countable Earned Income:	_____
13. Total Countable Income (add lines 4 and 12):	187
PART C. TB ELIGIBILITY CALCULATION	
14. Current TB Income Standard for Individual:	977
15. Enter Total Countable Income (line 13):	187
Income TB Eligible	
<small>(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)</small>	
Eligible Worker Signature	Worker Number
Computation Date	County Use Only

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State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

*Using
1994 Income
Standards*

Example 2

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME MR. JONES	CASE NUMBER
APPLICANT'S NAME MR. JONES	

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
--	-----------------	--------------

PART A. UNEARNED INCOME

1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		

PART B. EARNED INCOME

5. Applicant's Earned Income:	2405	
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	-20	
7. Remaining Earned Income:	2385	
8. Subtract Work Expense Exclusion:	-65	
9. Subtract Other Earned Income Deductions:	—	
10. Remaining Earned Income:	2320	
11. Subtract One-Half (1/2) Remaining Earned Income:	1160	
12. Total Countable Earned Income:	1160	
13. Total Countable Income (add lines 4 and 12):	1160	

PART C. TB ELIGIBILITY CALCULATION

14. Current TB Income Standard for Individual:	977	
15. Enter Total Countable Income (line 13):	1160	From TB Ineligible

(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)

Eligible Worker Signature	Worker Number	Computation Date	County Use Only
>			

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

Example 3

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

**USING INCOME
1994 STANDARDS**

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME MR. BROWN		CASE NUMBER
APPLICANT'S NAME MR. BROWN		
MRS. BROWN TB INDIVIDUAL'S TOTAL COUNTABLE INCOME		
	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME	MR. BROWN	MRS. BROWN
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:	1655	1001
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	20	20
7. Remaining Earned Income:	1635	981
8. Subtract Work Expense Exclusion:	65	65
9. Subtract Other Earned Income Deductions:	—	—
10. Remaining Earned Income:	1570	916
11. Subtract One-Half (1/2) Remaining Earned Income:	785	458
12. Total Countable Earned Income:	785	458
13. Total Countable Income (add lines 4 and 12):	785	458
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:	977	977
15. Enter Total Countable Income (line 13):	785	458
(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.) Both are TB eligible		
Eligibility Worker Signature	Witness Number	Computation Date
County/Use Only		

MC 282 TB (7/89)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

Example 3

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT (18 Years of Age and Older or Married)

NAME <i>MR. BROWN</i>	CASE NUMBER	MONTH
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STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant;
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant:

\$

one half of community property
1250

C. Property limit for one person:

\$

2000

D. Is line 11.B. less than or equal to line 11.C.?

☒ Yes, TB property requirement met.

☐ No, ineligible due to excess property.

TB Property eligible

>

Eligibility Worker Signature

Worker Number

MC 275 TB (7/85)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

EXAMPLE 3

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT (18 Years of Age and Older or Married)

NAME	CASE NUMBER	MONTH
<i>Mrs. Brown</i>		

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant;
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant:

one half community property
\$ 1250

C. Property limit for one person:

\$ 2000

D. Is line I.B. less than or equal to line I.C.?

☐ Yes, TB property requirement met.

☐ No, ineligible due to excess property.

TB Property eligible

>

Eligibility Worker Signature

Worker Number

MC 270 TB (7/89)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

Using 1994 Income Standards

Example 5

CASE NAME <u>John Doe</u>	CASE NUMBER
APPLICANT'S NAME <u>John Doe</u>	

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB:

\$ 0

2. Allocation for ineligible children (if no children, enter zero in Part I2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
223	223		
100	100		

- a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):

- b. Minus child's income:

- c. Total allocation:

123 + 123 = 246

3. Remaining unearned income (subtract line I2.c. from line I1.):

\$ 246

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ 1651
2. Unused portion of allocation for ineligible child(ren): \$ 246
3. Remaining earned income (subtract II.2. from II.1.): \$ 1405

IF THERE IS NO INCOME REMAINING AND I3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
Unearned Income	1. Deemed income from Part II.15.
1. Remaining unearned income (after allocation) or zero (from I3.)	2. Eligible child's own CASDI income
2. A. Subtract general income exclusion	3. Other unearned income
B. Subtract other unearned income deductions	4. A. Subtract general income exclusion
3. Countable unearned income (to II.11.)	B. Subtract other unearned income deductions
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)
4. Remaining earned income (from II.3.)	6. A. Child's countable earned income (subtract \$65 + 1/2 remainder)
5. Subtract balance of general income exclusion	B. Subtract other earned income deductions
6. Remainder	7. Total countable income
7. A. Subtract work expense exclusion	8. Current TB income standard
B. Subtract other earned income deductions	9. If line IV-7 is less than or equal to line IV-8, this person is income eligible.
8. Remainder	
9. Subtract 1/2 remainder	
10. Countable earned income (to II.12.)	
Deemed Income	
11. Countable unearned income (from II.3.)	
12. Add countable earned income (from II.10.)	
13. Total countable income (from II.11. + II.12.)	
14. Subtract income deduction*	
15. Deemed income. Enter on Line IV.1.	

* Standard FBR is one complete parent less with child; single FBR is one complete parent less with child.

MC 380 TB (4/98)

*TB
Income
Eligible*

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

TUBERCULOSIS (TB) PROGRAM PROPERTY WORK SHEET CHILD

EXAMPLE 5

NAME <u>John Doe</u>	CASE NUMBER	MONTH
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STEP I

- There is no allocation of property from a parent(s) eligible for the TB Program or from an ineligible parent(s) if one or both parents public assistance (PA) or other PA.
- Determine net nonexempt property in accordance with Article 9. (1) CAR Exempt

STEP II

A. Ineligible Parental Allocation

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

- Parent(s)' net nonexempt property \$ 2500
- Property limit for one person (if two parents, enter property limit for two persons) \$ 3000
- Subtract line A.2. from line A.1. (enter 0 if negative) Total Allocation \$ 0
- Divide line A.3. by the number of TB children in the home. TB Child's Share \$ 0

B. TB Child's and Parent(s)' Resources

- Child's own net nonexempt property (as determined under Article 9) \$ 0
- Enter child's share of property from parent(s) (line A.4.) \$ 0
- Add line B.1. and B.2. \$ 0
- Enter the TB property limit for one person \$ 3000
- Is line B.3. less than or equal to line B.4.?

☐ Yes, TB property requirements met.

☐ No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

TB
Property
Eligible

C. More Than One TB Child in the Home

- Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.
- Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
- Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

>

Eligible Worker Signature

Worker Number

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Example 6

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME <i>Mr. Samuels</i>	CASE NUMBER
APPLICANT'S NAME <i>Mr. Samuels</i>	
TB INDIVIDUAL'S TOTAL COUNTABLE INCOME	
	a. TB APPLICANT b. TB SPOUSE
PART A. UNEARNED INCOME	
1. Applicant's Gross Unearned Income:	
2. Subtract General Income Exclusion:	
3. Subtract Other Unearned Income Deductions:	
4. Total Countable Unearned Income:	
PART B. EARNED INCOME	
5. Applicant's Earned Income:	<i>1535</i>
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	<i>20</i>
7. Remaining Earned Income:	<i>1515</i>
8. Subtract Work Expense Exclusion:	<i>65</i>
9. Subtract Other Earned Income Deductions:	<i>—</i>
10. Remaining Earned Income:	<i>1450</i>
11. Subtract One-Half (1/2) Remaining Earned Income:	<i>725</i>
12. Total Countable Earned Income:	<i>725</i>
13. Total Countable Income (add lines 4 and 12):	<i>725</i>
PART C. TB ELIGIBILITY CALCULATION	
14. Current TB Income Standard for Individual:	<i>977</i>
15. Enter Total Countable Income (line 13):	<i>725</i>
(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.) <i>TB Income eligible</i>	
Applicant's Signature	Worker Number
Computation Date	
County Use Only	

MC 382 TB (7/85)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT

Example 6 (18 Years of Age and Older or Married)

NAME <i>Mr. Samuels</i>	CASE NUMBER	MONTH
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STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant;
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant: \$ 2,800

C. Property limit for one person: \$ 2,000

D. Is line ILB. less than or equal to line ILC.?

☐ Yes, TB property requirement met.

☒ No, ineligible due to excess property.

>

Eligibility Worker Signature

Worker Number

*TB
Property
Ineligible*

MC 278 TB (7/89)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

1994 Income Standards

Example 6

CASE NAME Mr. Samuels CASE NUMBER _____

APPLICANT'S NAME Will Samuels

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB: \$ _____

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

- a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):
- b. Minus child's income:
- c. Total allocation: _____ + _____ + _____ + _____ = \$ _____

3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ 0

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ 3535
2. Unused portion of allocation for ineligible child(ren): \$ 0
3. Remaining earned income (subtract II.2. from II.1.): \$ 3535

IF THERE IS NO INCOME REMAINING AND I.3. AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents		PART IV. TB ELIGIBILITY CALCULATION	
Unearned Income		1. Deemed income from Part III.15.	<u>1056</u>
1. Remaining unearned income (after allocation) or zero (from I.3.)		2. Eligible child's own OASDI income	<u>0</u>
2. A. Subtract general income exclusion	-20	3. Other unearned income	<u>100</u>
B. Subtract other unearned income deductions	-	4. A. Subtract general income exclusion	-20
3. Countable unearned income (to III.11.)		B. Subtract other unearned income deductions	<u>0</u>
Earned Income		5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)	<u>1136</u>
4. Remaining earned income (from II.3.)	<u>3535</u>	6. A. Child's countable earned income (subtract \$25 + 1/2 remainder)	<u>0</u>
5. Subtract balance of general income exclusion	<u>20</u>	B. Subtract other earned income deductions	<u>0</u>
6. Remainder	<u>3515</u>	7. Total countable income	<u>1136</u>
7. A. Subtract work expense exclusion	-65	8. Current TB income standard	<u>977</u>
B. Subtract other earned income deductions	<u>0</u>	If line IV-7 is less than or equal to line IV.8., this person is income eligible.	
8. Remainder	<u>3450</u>		
9. Subtract 1/2 remainder	<u>1725</u>		
10. Countable earned income (to III.12.)	<u>1725</u>		
Deemed Income			
11. Countable unearned income (from III.3.)	<u>0</u>		
12. Add countable earned income (from III.10.)	<u>1725</u>		
13. Total countable income (from III.11. + III.12.)	<u>1725</u>		
14. Subtract parent deduction*	<u>669</u>		
15. Deemed income. Enter on Line IV.1.	<u>1056</u>		

* Individual FBR if one eligible parent lives with child; couple FBR if both eligible parents live with child.

MC 380 TB (4/93)

TB Income Ineligible

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

M. MEDI-CAL TUBERCULOSIS PROGRAM QUESTIONS AND ANSWERS

These questions are the most commonly asked regarding the Medi-Cal Tuberculosis (TB) program. The following are the answers.

QUESTION 1: - The counties do not want to send out quarterly status reports but prefer to wait until the annual redetermination to evaluate continuing eligibility, discontinuance, etc. Will this suffice?

ANSWER 1: Counties cannot wait until the annual redetermination to evaluate continuing eligibility. Quarterly status reports must be sent out in order to capture any changes in client income or resources.

QUESTION 2: If the TB clinic sends an application to the county and the county finds this person eligible for full-scope benefits, can the TB application still be used in lieu of the SAWS 1 or would the actual SAWS 1 have to be completed?

ANSWER 2: The SAWS 1 would be required if the client is applying for full-scope Medi-Cal benefits. In addition, the face-to-face would also be required when the applicant is applying for full-scope Medi-Cal benefits. If this individual has infectious active TB, then a family member who is not infected would apply at the county welfare office for this individual.

QUESTION 3: Will the clinics gather all client information and complete an application for each person applying and then forward all completed information to the counties?

ANSWER 3: Clinics will assist TB applicants in completing the following forms AND FORWARDING THEM BY MAIL to the county welfare office:

1. MEDI-CAL TB APPLICATION (MC 274 TB)
2. MC 210 STATEMENT OF FACTS (MEDI-CAL)
3. MC 210A SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE COVERAGE/RESTORATION
4. MC 13 STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
5. MC 219 RIGHTS AND RESPONSIBILITIES

Clinics may also forward verification of income, property, etc.

QUESTION 4: Will a TB application be taken for each individual when families are applying, or will one application suffice?

ANSWER 4: A TB application must be completed for each individual applying for the TB Program. If there are more than one family members applying for the TB program, each member of the family must have his/her own TB application completed.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 5: Are family members who are NOT actively infected with TB required to go into the county welfare office to apply for the TB program themselves and other active TB infected family members?

ANSWER 5: This may vary within each county. Other family members of a TB infected individual may go into the county welfare office and apply for benefits on behalf of this person or the family may apply at the clinic. However, if the individual or family desires full-scope Medi-Cal benefits, he/she or a family member must go into the county welfare office to apply. A face-to-face interview would be required.

QUESTION 6: Once the county receives and reviews the application and determines that additional information is necessary, how will this information be obtained?

ANSWER 6: If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometime participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless and without a phone.)

QUESTION 7: If an applicant claims to have Satisfactory Immigration Status (SIS) and then the county finds this to be incorrect, will this individual be discontinued immediately?

ANSWER 7: The alien verification requirements for the TB program are the same as for the full-scope Medi-Cal program. When a TB applicant meets all other eligibility requirements for the TB program, the county must grant eligibility under that program while SAVE verification is pending. If the Immigration and Naturalization Service SAVE response indicates this person does not have SIS, the counties should terminate eligibility immediately subject to all notice of action requirements.

QUESTION 8: Will the effective date of the TB application be the date of the application or the date the county receives it?

ANSWER 8: The effective date of the TB application will be the date the county receives it. (Generally, this will be the same month the client completes the application.)

QUESTION 9: Will faxes be appropriate to transmit client information from clinics to counties or must they be photocopies?

ANSWER 9: Counties may accept faxes, however clinics should subsequently forward the original document or photocopies.

QUESTION 10: When an applicant is homeless and he is found eligible for the TB Medi-Cal program, where should his card be sent? Can it be sent to the clinic?

ANSWER 10: The card may be sent wherever the client wishes it to be sent (i.e., the clinic, General Delivery, a shelter, a friend's house).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- QUESTION 11: a. Can a TB applicant be eligible for the TB program and County Medical Services Program (CMSP)?
b. Can a TB applicant be eligible for the TB program and a different Medi-Cal program?

ANSWER 11: a. Yes, the beneficiary may have dual eligibility with CMSP.
b. Yes, as long as the beneficiary is not covered by a zero share-of-cost Medi-Cal program which covers TB services, such as the ABD-MN or AFDC-MN with zero share of cost or coverage under a federal poverty level program for pregnant women, infants or children.

QUESTION 12: What are the requirements at annual redetermination? For example, is a new physician statement required verifying the beneficiary's TB status? If not, how will beneficiaries continue to receive TB program benefits, even when no longer infected or treated? How will we know when TB treatment ceases?

ANSWER 12: At annual redetermination, a new TB certification would be required documenting TB infection and the need for additional TB-related services. Clinics may complete Part B and Part C of the TB application and forward to the county for evaluation. (Also see Question 26.)

QUESTION 13: Is the MC 274 TB (Part C) the only acceptable authorized representative (AR) form for the TB Program?

ANSWER 13: Yes. The MC 274 TB (Part C) is the only acceptable authorized representative (AR) form for the TB program. No other AR forms may be used.

- QUESTION 14: a. Is a TB application needed when a Medi-Cal beneficiary with a share of cost becomes TB infected and wishes to apply for the TB Program?
b. What then would be the date of application for the TB Program?
c. Could there be a retro period?

ANSWER 14: a. Only the certification (Part B) is needed.
b. The date the person asks for coverage.
c. Yes. Title 22, Section 50148 applies.

- QUESTION 15: a. Can persons who are TB infected and in long-term care be dually eligible?
b. Are there other dual eligible categories?

ANSWER 15: a. No, persons in long-term care are already receiving care for TB.
b. Yes. Examples of aid groups which may be dually eligible and may receive TB services are as follows:

1. A Qualified Medicare beneficiary (QMB), a specified low income Medicare Beneficiary-only (SLMB) or Qualified Working Disabled Individual (QDWI).
2. An AFDC-MN or ABD-MN with a share-of-cost.
3. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program; Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 16: Is the "Property Worksheet" (MC 176-P) to be used in determining if an applicant meets the resource requirements? Or, will there be a separate property worksheet for the TB Program?

ANSWER 16: A separate Tuberculosis (TB) Program Property Worksheet is currently being prepared and will be distributed upon completion. (This is modeled on the QMB property worksheet.)

QUESTION 17: The TB income standard is based upon computations using the Federal Benefit Rate (FBR), which changes yearly. In which month does the FBR change?

ANSWER 17: The FBR changes in January.

QUESTION 18: Will a physician's stamp be acceptable under this program?

ANSWER 18: Yes. A physician's stamp is acceptable. Other staff members using the stamp should countersign with their own initials.

QUESTION 19: What are the eligibility requirements for the Tuberculosis (TB) Medi-Cal program?

ANSWER 19: Section 5N of the Medi-Cal Eligibility Procedures Manual describes the following in detail. To be eligible for the TB program, a person must:

- Be infected with TB. This factor links a person to Medi-Cal.
- Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- Be a United States citizen or a person who has satisfactory immigration status.
- Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. (See details under income in Part E of the Procedures).
- Meet all other Medi-Cal requirements. This factor addresses nonlinking Medi-Cal requirements such as cooperation, verification, status reporting etc.

QUESTION 20: A child is defined as an unmarried person under the age of 18. Does this mean a person living with their parents?

ANSWER 20: Yes, this means an unmarried person under the age of 18 living with his or her parents.

QUESTION 21: Are TB applicants between the ages of 18 and 21 and who are full-time students considered a child under the TB program?

ANSWER 21: No. These TB applicants would be considered adults for purposes of determining TB program eligibility.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 22: Does the ineligible child mean an ineligible child living with his or her parents?

ANSWER 22: Yes.

QUESTION 23: Do we deem stepparent's income or resources?

ANSWER 23: No. We do not deem from a stepparent's income or resources. As in Sneece procedures, we use only the parent's income which is in his/her own name and his/her share of community property and separate property.

QUESTION 24: When a TB application is received by the county welfare department and the worker identifies potential eligibility for full-scope Medi-Cal, is the worker required to inform the TB applicant of such potential eligibility? If yes, must the county obtain a SAWS 1 and complete the face-to-face interview?

ANSWER 24: Yes. The county must inform the TB applicant of such potential eligibility. If the applicant wishes to pursue that determination, he/she must complete a SAWS 1 and a face-to-face interview. If the person is actively infected, a family member may go into the county to apply for this individual if he desires full-scope benefits. If the actual TB-infected person has no family member, the county may complete the SAWS 1 on his/her behalf to preserve that application date. The county should continue processing the TB application but delay the face-to-face interview until the person can come to the interview. After that interview, the county can resume the eligibility determination for full-scope Medi-Cal.

QUESTION 25: Is the worker required to redetermine ongoing TB eligibility (complete the TB income/property worksheets) with each Quarterly Status Report processed?

ANSWER 25: Yes. This is a general Medi-Cal requirement and it is not waived under the TB program.

QUESTION 26: Is the annual redetermination handled the same as the initial application? That is, is the face-to-face interview waived? Would the client be referred to the clinic/provider to complete the MC 274 PART C to establish that the clinic is again the client's authorized representative, and other forms such as the MC 210?

ANSWER 26: Annual redeterminations are handled similar to the initial application. The face-to-face may be completed by the TB provider. Part A of the MC 274 contains client information and is not needed for the annual redetermination. A new certification (MC 274 Part B) is required documenting TB infection and the need for additional TB-related services. MC 274 Part C establishes the clinic as the client's authorized representative. It is valid until a determination has been made or the hearing process is over. It is also required at the annual redetermination. Providers can line out Part A and forward completed Part B and Part C to the county.

QUESTION 27: Will there be training for counties on using the TB forms and determining eligibility?

ANSWER 27: No. However counties may submit their questions to Sharon Garcia at (916) 657-5327 or Mary Maestas-Sandoval at (916) 657-1248.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 28: If the TB applicant must be otherwise eligible for Medi-Cal (linkage), does this include individuals who have been determined presumptively disabled and therefore eligible for Medi-Cal pending a State Disability Evaluation.

ANSWER 28: "Otherwise eligible" refers to general nonlinking requirements not specifically listed as a TB program requirement, such as cooperation requirements, the California residency requirements, etc. A person who is TB infected is linked to Medi-Cal by being TB infected. A person who is eligible for full-scope Medi-Cal without a share of cost (SOC) does not need to be covered under the TB program regardless of how he/she is linked to Medi-Cal. However, if a TB infected person is eligible for full-scope Medi-Cal with a SOC, that person should be evaluated for the TB program, regardless of how he/she is linked to the other Medi-Cal program since that person could be eligible for the TB program and not have a SOC for outpatient TB services.

QUESTION 29: In Example 5 in the procedures (Part L. Examples - Treatment of income and property), how do you get \$669 parental deduction for a couple in 1994 (couple Federal Benefit Rate (FBR))?

ANSWER 29: This amount is based on the FBR for a couple (currently \$669 for a couple in 1994.) The FBR is provided by the Social Security Administration. The FBR is also used in certain income determinations in the Qualified Medicare Beneficiary (QMB), and Pickle programs.

QUESTION 30: If the TB clinic/provider is to act on behalf of the applicant/beneficiary, would the TB granting/denial Notice of Action (NOA) be sent to the TB clinic or provider?

ANSWER 30: The choice is the client's. It may be sent to the clinic or to any address the applicant/beneficiary, chooses.

QUESTION 31: When working with homeless applicants via a TB clinic or provider, are counties required to meet the promptness requirements in Medi-Cal Eligibility Manual 50177 for determining eligibility for the TB program?

ANSWER 31: Yes.

QUESTION 32: How many MC 210's are required for a family applying for the TB program?

ANSWER 32: We are requiring only one MC 210, even if one family member is age 18-21 and is an adult for purposes of the TB program. However, the 18-21 year old has the right to complete a separate MC 210 if he/she chooses. If the 18-21 year old were the only applicant, he/she would complete the MC 210.

QUESTION 33: If the TB applicant has other family members who want RESTRICTED Medi-Cal benefits, will the clinic/provider refer the family to the county welfare office to apply for Medi-Cal?

ANSWER 33: Yes, this referral is made anytime family members want Medi-Cal other than the Medi-Cal TB program, unless the family member who will go to the county has active TB.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 34: Do we check the restricted box for TB on the MC 13?

ANSWER 34: No. You need to check the box labeled "other" and write in "TB" in the space next to that box. If the client is requesting full-scope benefits, check the box that indicates "Full Medi-Cal benefits".

QUESTION 35: In determining income eligibility, is actual income used or is weekly/biweekly converted to a monthly amount according to Section 50517, Title 22, CCR: i.e., the 2.167 or 4.133 factor?

ANSWER 35: Actual income is used.

QUESTION 36: Is a couple considered married if they are "holding out" as a married couple? Holding out means the couple has been validly married, but has presented themselves to the community as a married couple.

ANSWER 36: No, they are not treated as a married couple under the TB program.

QUESTION 37: If the value of property determined as of 12:01 A.M. of the first day of the month or at the lowest point during the month.

ANSWER 37: Property is determined according to Title 20, Code of Federal Regulations, Section 416.1207. Property determinations are made as of the first moment of the month.

QUESTION 38: How many status reports are required when a person is dually eligible or has continuing eligibility under another program?

ANSWER 38: Section 50191 requires status reports for all Medi-Cal Family Budget Units with at least one Aid to Families with Dependent Children-Medically Needy (AFDC-MN) or Medically Indigent (MI) person. However, one status report is acceptable under the Medi-Cal program, regardless of how many "programs" or aid codes the person or family is in.

QUESTION 39: If the clinic conducts the face-to-face interview, who should sign the MC 219 on behalf of the EW (Rights and Responsibilities).

ANSWER 39: The clinic staff person or provider who initially goes over the form with the client should sign the MC 219.

QUESTION 40: Can the county hold a TB application for at least a month while verification of actual income is pending?

ANSWER 40: Applications are not "held", but there must be verification before eligibility can be approved. Counties must verify in the same manner that is used for any other Medi-Cal case according to a promptness requirement in Section 50177, Title 22.

QUESTION 41: Will there be separate MC 219 forms (Rights and Responsibilities) for the TB program?

ANSWER 41: No. The regular MC 219 (Rights and Responsibilities) will be used under the TB Program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 42: In Procedures E-2, it states that Medi-Cal beneficiaries who coverage is mandated by federal law are not eligible for the TB program. It also states that a beneficiary eligible for full-scope, zero SOC Medi-Cal does not need coverage under the TB program. If a beneficiary had a SOC and was covered by the TB program, must the county discontinue TB program coverage if this changes to a zero-SOC full-scope aid code? For example, an individual is in another aid code such as Aid Code 87, (MI-Confirmed Pregnancy with a SOC) and is also receiving TB-benefits under 7H. If in the next month this person receives no SOC Medically Indigent-Confirmed Pregnancy under Aid Code 86, may this person still remain in Aid Code 7H?

ANSWER 42: Yes. This person may remain in Aid Code 7H. Counties do not have to discontinue TB program coverage if a person moves to a zero-SOC full-scope aid code unless the aid code is one of the following. In that case, the Medi-Cal Eligibility Data System would generate an Alert Message indicating these aid codes were incompatible. Aid codes that are INCOMPATIBLE WITH THE TB PROGRAM ARE AS FOLLOWS:

03 Adoption Assistance Program (Federal)

- 3A CAAP AFDC (FG)
- 3C CAAP AFDC (U)
- 7A Child 100 Percent Program
- 10 Aged (SSI/SSP)
- 20 Blind (SSI/SSP)
- 30 AFDC-FG (cash)
- 35 AFDC-U (cash)
- 39 Transitional Medi-Cal
- 4C Voluntary AFDC-FC
- 42 AFDC-Foster Care/Federal
- 44 Income Disregard Program (Pregnancy related/Postpartum)
- 47 Income Disregard Program (Infant-full scope)
- 48 Income Disregard Program (OBRA Pregnancy-related postpartum)
- 49 Income Disregard program (IRCA Pregnancy-related/Postpartum)
- 54 Four Month Continuation
- 59 Additional Transitional Medi-Cal
- 60 Disabled (SSI/SSP)
- 69 Income Disregard Program (OBRA Infant Emergency Services)
- 7C 100 Percent Program (OBRA) Emergency and Pregnancy-Related Services
- 72 133 Percent Program
- 74 133 Percent Program (OBRA)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QUESTION 43: Under the TB program, what is the definition of family member?

ANSWER 43: Family member means the following persons living in the home:

- (1) A child or sibling children.
- (2) The parents married or unmarried of the sibling children.
- (3) The stepparents of the sibling children.
- (4) The separate children of family member means a single person of a married couple.

QUESTION 44: Can a TB case be transferred to another county?

ANSWER 44: This case would be transferred the same as any other Medi-Cal case.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

N. FORMS

- | | | |
|-------|-----------|--|
| I. | MC 274 TB | MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION |
| II. | MC 275 TB | DENIAL NOTICE OF ACTION (ENGLISH AND SPANISH) |
| III. | MC 276 TB | DISCONTINUANCE NOTICE OF ACTION (ENGLISH AND SPANISH) |
| IV. | MC 277 TB | APPROVAL OF BENEFITS NOTICE OF ACTION (ENGLISH AND SPANISH) |
| V. | MC 278 TB | TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET-ADULT |
| VI. | MC 279 TB | TUBERCULOSIS (TB) PROPERTY WORKSHEET-CHILD |
| VII. | MC 280 TB | TUBERCULOSIS (TB) PROGRAM ELIGIBLES-(FINANCIAL ELIGIBILITY WORKSHEET-ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENTS) |
| VIII. | MC 282 TB | TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORKSHEET |

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California, Department of Social Services

Department of Social Services

MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION

If you are applying only for the Medi-Cal Tuberculosis Program, please complete this form.

NOTE: You must be a U.S. citizen or have satisfactory immigration status to receive benefits under this program.

PATIENT/APPLICANT NAME

COUNTY USE ONLY

1. MAILING ADDRESS—Number/Street

City

ZIP Code

Case name

2. IF NO PERMANENT ADDRESS, TELL US WHERE YOU CAN BE REACHED

3. TELEPHONE NUMBER(S)—Home

Work

Message

Case number

4. DATE OF BIRTH—

Month

Day

Year

5. SOCIAL SECURITY NUMBER

THE LAW SAYS WE MUST GET YOUR ETHNIC GROUP AND PRIMARY LANGUAGE. IF YOU DO NOT WANT TO COMPLETE THESE ITEMS, THE COUNTY WILL DO IT FOR YOU. THIS WILL NOT AFFECT YOUR ELIGIBILITY.

a. Ethnic Group ☐ White

☐ Black

☐ Mexican

☐ Filipino

☐ Chinese

☐ Hawaiian

☐ Asian Indian

☐ Laotian

☐ Cambodian

☐ Japanese

☐ American Indian
or Alaskan Native

☐ Korean

☐ Guamanian

☐ Samoan

☐ Vietnamese

☐ Other Pacific Islander (specify):

b. Language ☐ English

☐ Cantonese

☐ Lao

☐ Tagalog

☐ Spanish

☐ Cambodian

☐ Vietnamese

☐ American Sign

☐ Other (specify):

County of Application

County of Residence

☐ CWD Records
Closed

Ethnic Group

Primary Language

If Applicant is Under 18 Years of Age, Parent/Spouse Information

Name:

Address—Number/Street

City

ZIP Code

CERTIFICATION AND PERJURY STATEMENT

I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

SIGNATURE FOR MARK OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE SIGNED

SIGNATURE OF INTERPRETER OR WITNESS TO APPLICANT'S MARK

ORIGINAL—County Welfare Department

COPY—Provider

COPY—Patient

CS 774 TB 1000 Rev. 11/88

SECTION: 50268 MANUAL LETTER NO.: 152

DATE: OCT 20 1995 PAGE 5N-26

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

MEDI-CAL TUBERCULOSIS PROGRAM REFERRAL

COUNTY USE ONLY

EW name _____

EW no. _____

Case no. _____

Case name _____

*This form must be completed in order to determine the person's eligibility
for the Medi-Cal Tuberculosis Program.*

Please Print Clearly.

PATIENT NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

PATIENT CONSENT:

I consent to this information being forwarded to the County Welfare office.

Signature of Patient or Parent/Guardian (if Patient is under 18 years of Age): _____

>

PROVIDER USE ONLY:

If either question is answered "Yes," the patient: _____ is Tuberculosis infected.

1. Requires Preventive Therapy for Tuberculosis infection.

☐ Yes ☐ No

2. Requires Treatment for Active Tuberculosis.

☐ Yes ☐ No

RETROACTIVE ELIGIBILITY.

This person has been under therapy for Tuberculosis within the past three months prior to application

☐ Yes—Date Tuberculosis therapy began: _____

☐ No

Provider or Clinic Staff—please complete the MC 210A if the above question is "Yes" and patient believes he/she is eligible for retroactive benefits.

IF THIS PERSON IS TUBERCULOSIS INFECTED, PLEASE MAIL PART A, B, AND C OF THE MC 274 TB FORM TO THE LOCAL COUNTY WELFARE OFFICE FOR A MEDI-CAL DETERMINATION UNDER THE TUBERCULOSIS PROGRAM.

PHYSICIAN NAME (Please Print Name, Title, or Type) _____

TELEPHONE NO _____

PHYSICIAN TITLE _____

MEDI-CAL PROVIDER NO _____

DATE _____

PROVIDER ADDRESS—Number/Street _____

City _____

ZIP Code _____

AUTHORIZED PROVIDER SIGNATURE _____

>

MC 274 TB Form Part C—Referral
ORIGINAL—County Welfare Department COPY—Provider COPY—Patient

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4000 OF LAMBERT-THOMAS AND OTHERS, 1995

UNIVERSITY OF CALIFORNIA, 1995

MEDI-CAL TUBERCULOSIS PROGRAM AUTHORIZATION FOR CLINIC ASSISTANCE

I hereby designate any staff member, authorized by the clinic, to perform intake and/or treatment functions, to assist me in my application for Tuberculosis Program benefits at no cost to me.

This assignment enables the authorized staff of the clinic to:

- Submit requested verifications to the county welfare department;
- Assist me in the completion of the "Application for Medi-Cal Tuberculosis Program" and the MC 210 Statement of Facts forms; and
- Obtain information from the county welfare department regarding the status of my application.

I understand that I do not have to apply for Medi-Cal benefits under this program and that I will not be denied treatment if I choose not to apply. I also understand that I have the responsibility to complete and sign the Statement of Facts and to provide all requested verifications before my Medi-Cal eligibility can be determined.

I hereby state that I make this assignment voluntarily and that I may revoke it at any time by notifying my Medi-Cal eligibility worker and the clinic.

Signature of Applicant

Signature of Authorized Clinic Staff Member

Date

Name of Clinic

Clinic Address

Clinic Telephone Number

MC 274 TB (Rev. 1995) Part C—Clinic Assistance Authorization

ORIGINAL—County Welfare Department

COPY—Provider

COPY—Patient

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Medi-Cal
Notice of Action
Denial For
Tuberculosis (TB) Program

Your _____ application for the Medi-Cal Tuberculosis Program has been denied. The reason is:

- ☐ Your income is more than the income level of _____.
- ☐ Your property of _____ is more than the property limit for an individual.
Your property used in this determination is _____.
- ☐ You are not a U.S. citizen or you do not have Satisfactory Immigration Status.
- ☐ You are eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

The Tuberculosis Program provides TB-related services, without any cost, for people who:

- Are infected with TB,
- Have income and property that does not exceed the maximum amount for a disabled individual,
- Are U.S. citizens or persons who have Satisfactory Immigration Status,
- Are not eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 275 TB (7/83)

YOUR HEARING RIGHTS

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

~~* If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.~~

☐ Cash Aid ☐ Food Stamps

You may get free legal help at your local legal aid office or welfare rights group.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & L Code Section 10950).

Date: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Fecha:

No. del Caso:

No. del Trabajador(a):

Notificación de Acción de
Medi-Cal
Negación para el
Programa sobre la Tuberculosis

Se ha negado su solicitud del _____ para el Programa de Medi-Cal sobre la Tuberculosis. La razón es la siguiente:

- ☐ Sus ingresos son más que el nivel de ingresos de _____.
- ☐ Su propiedad de _____ es más que el máximo nivel de propiedad para una persona.
Su propiedad que se utilizó para hacer esta determinación es _____.
- ☐ Usted no es ciudadano de los E.U. o no goza de una situación migratoria satisfactoria.
- ☐ Usted reúne los requisitos para recibir Medi-Cal en calidad de persona que recibe un pago mensual de asistencia monetaria bajo el Programa de Asistencia para Familias con Niños Necesitados, Necesitado bajo el Programa de Medi-Cal Solamente, Indigente bajo el Programa de Medi-Cal, bajo el Programa de Seguridad de Ingreso Suplemental o bajo el Programa de Deducciones de los Ingresos/programas federales sobre la pobreza para mujeres embarazadas, bebés y niños.

El Programa de Medi-Cal sobre la Tuberculosis proporciona servicios relacionados a la tuberculosis, sin costo alguno para las personas que:

- Están infectadas con la tuberculosis.
- Tienen ingresos y bienes que no exceden la cantidad máxima para una persona incapacitada.
- Son ciudadanos de los E.U. o gozan de un situación migratoria satisfactoria.
- No reúnen los requisitos para recibir Medi-Cal en calidad de beneficiarios de asistencia monetaria bajo el Programa de Asistencia para Familias con Niños Necesitados, como Necesitados bajo el Programa de Medi-Cal solamente, como Indigentes bajo el Programa de Medi-Cal, del Programa de Seguridad de Ingreso Suplemental, o el Programa de Deducciones de los Ingresos/programas federales sobre la pobreza para mujeres embarazadas, bebés y niños.

Ordenamientos que son pertinentes en el caso suyo: sección 14005.20 del Código de Bienestar e Instituciones. Usted puede consultarlos en el departamento local de bienestar del condado.

MC 275 TB (SP) (7/85)

DATE: OCT 20 1995 PAGE 5N-32

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Notice of Action

Medi-Cal

Discontinuance

Tuberculosis (TB) Program

As of _____ your eligibility for the following Medi-Cal Tuberculosis Program is discontinued because:

- ☐ Your income is more than the income level of _____.
- ☐ Your property of _____ is more than the property limit for an individual.
Your property used in this determination is _____.
- ☐ You are not a U.S. citizen or you do not have Satisfactory Immigration Status.
- ☐ You are eligible for Medi-Cal as a cash grant recipient under the Aid for Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.
- ☐ You are no longer infected with TB.

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 276 TB (7/85)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.

— • If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

BA BACK 7

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Fecha:

No. del Caso:

No. del Trabajador(a):

Notificación de Acción de
Medi-Cal

Descontinuación

Programa sobre la Tuberculosis

A partir del _____ se discontinuará su elegibilidad para el Programa de Medi-Cal sobre la Tuberculosis por la siguiente razón:

- ☐ Sus ingresos son más que el nivel de ingresos de _____.
- ☐ Su propiedad de _____ es más que el máximo nivel de propiedad para una persona.
Su propiedad que se utilizó para hacer esta determinación es _____.
- ☐ Usted no es ciudadano de los E.U. o no goza de una situación migratoria satisfactoria.
- ☐ Usted reúne los requisitos para recibir Medi-Cal en calidad de persona que recibe un pago mensual de asistencia monetaria bajo el Programa de Asistencia para Familias con Niños Necesitados, Necesitado bajo el Programa de Medi-Cal Solamente, Indigente bajo el Programa de Medi-Cal, bajo el Programa de Seguridad de Ingreso Suplemental o bajo el Programa de Deducciones de los Ingresos/programas federales sobre la pobreza para mujeres embarazadas, bebés y niños.
- ☐ Usted ya no está infectado(a) de tuberculosis.

Ordenamientos que son pertinentes en el caso suyo: sección 14005.20 del Código de Bienestar e Instituciones. Usted puede consultarlos en el departamento local de bienestar del condado.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Medi-Cal

Notice of Action

Approval for Benefits

Under the Tuberculosis (TB) Program

Your application for the Medi-Cal Tuberculosis Program has been approved. You are entitled to receive TB-related services at no share-of-cost beginning _____.

Carry your Medi-Cal card with you at all times. Present it to your doctor or any other health care provider when you are requesting TB-related services.

For additional information, contact your case worker.

You may be eligible to receive up to three months retroactive TB Medi-Cal from the date your application was received by the county. If you need this, contact your case worker.

Within ten days, you must tell the county about any changes in income, property, or other information you gave us.

You will get a plastic Benefits Identification Card (BIC) in the mail soon. Take this plastic card to your medical provider when you need outpatient Tuberculosis care. This card is good as long as you are eligible for the TB Medi-Cal Program. *Do not throw away your plastic ID card.*

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 277 TB (8/84)

04 0541

YOUR HEARING RIGHTS

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.

- DATE: OCT 20 1995 PAGE 5N-38

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)
Fecha:
No. del Caso:
No. del Trabajador(a):

Notificación de Acción de

Medi-Cal

Aprobación de Beneficios del
Programa sobre la Tuberculosis

Se ha aprobado su solicitud para el Programa de Medi-Cal sobre la Tuberculosis. Comenzando el
usted tendrá derecho a recibir beneficios relacionados a la tuberculosis sin tener
que pagar parte del costo.

Lleve siempre consigo su tarjeta de Medi-Cal. Preséntesela a su doctor o a cualquier otro proveedor de
cuidado de la salud cada vez que solicite servicios relacionados a la tuberculosis.

Comuníquese con su trabajador(a) si necesita más información.

Es posible que usted reúna los requisitos para recibir hasta tres meses de Medi-Cal relacionado a la
tuberculosis comenzando en la fecha en que el condado recibió su solicitud. Si necesita esto,

comuníquese con su trabajador(a).

Usted tiene que decirle al condado en un plazo de diez días acerca de cualesquier cambios en ingresos,
bienes, u otra información que usted nos dio.

Promo recibirá por correo una tarjeta de identificación de plástico de beneficios (BIC). Lleve esta tarjeta
de plástico a su proveedor de servicios médicos cuando necesite cuidado sobre la tuberculosis fuera de un
hospital. Esta tarjeta es válida siempre y cuando usted reúna los requisitos para recibir beneficios del
Programa de Medi-Cal sobre la Tuberculosis. No tire (bole) su tarjeta de identificación de plástico.
Ordenamientos que son pertinentes en el caso suyo: sección 14005.20 del Código de Bienestar e
Instrucciones. Usted puede consultarlos en el departamento local de bienestar del condado.

MC 277 TB (SP) (8/94)

SA 8851

LSB

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus pagos del Programa de Transición de Cuidado de Niños (TCC) permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período en que usted reúne los requisitos; lo que ocurra primero. Con respecto a todos los otros programas de cuidado de niños, sus beneficios NO permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para Comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253

Si es sordo y usa TDD: 1-800-952-8349

Es posible que pueda obtener asesoría legal gratuita en la oficina local de asesoramiento legal (legal aid) o del grupo de derechos de las personas que reciben asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento médico: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no está recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedaran con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al Departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

HA-BACK 7 (8/9)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenando esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador(a) le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamando al 1-800-952-5253. Si es sordo y usa TDD, llame al: 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el

Departamento de Bienestar del Condado de _____

_____ , acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal ☐ Cuidado de Niños ☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más papel.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT (18 Years of Age and Older or Married)

NAME	CASE NUMBER	MONTH
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STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant;
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant: \$

C. Property limit for one person: \$

D. Is line II.B. less than or equal to line II.C.?

- ☐ Yes, TB property requirement met.
- ☐ No, ineligible due to excess property.



Eligibility Worker Signature

Worker Number

HC 278 TB (7/93)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET CHILD

NAME	CASE NUMBER	MONTH
------	-------------	-------

STEP I

- A. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
- B. Determine net nonexempt property in accordance with Article 9.

STEP II

A. Ineligible Parental Allocation

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property: \$ _____
2. Property limit for one person (if two parents, enter property limit for two persons): \$ _____
3. Subtract line A.2. from line A.1. (enter 0 if negative). Total Allocation: \$ _____
4. Divide line A.3. by the number of TB children in the home.
TB Child's Share: \$ _____

B. TB Child's and Parent(s)' Resources

1. Child's own net nonexempt property (as determined under Article 9): \$ _____
2. Enter child's share of property from parent(s) (line A.4.): \$ _____
3. Add line B.1. and B.2.: \$ _____
4. Enter the TB property limit for one person: \$ _____
5. Is line B.3. less than or equal to line B.4.?
☐ Yes. TB property requirement met.
☐ No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

C. More Than One TB Child in the Home

1. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.
2. Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
3. Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

>

Eligibility Worker Signature

Worker Number

MC 279 TB (2/85)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

CASE NAME _____

CASE NUMBER _____

APPLICANT'S NAME _____

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income.
Do not include parent's income if spouse is PA, other PA, or TB: \$ _____

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children:

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name: _____	Name: _____	Name: _____	Name: _____
_____	_____	_____	_____
_____	_____	_____	_____

- a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):

- b. Minus child's income: _____

- c. Total allocation: _____ + _____ + _____ + _____ = \$ _____

3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ _____

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: _____ \$ _____
2. Unused portion of allocation for ineligible child(ren): _____ \$ _____
3. Remaining earned income (subtract II.2. from II.1.): _____ \$ _____

**IF THERE IS NO INCOME REMAINING AND I.3. AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.**

PART III. COMBINED INCOMES—Ineligible Parents		PART IV. TB ELIGIBILITY CALCULATION	
Unearned Income		1. Deemed income from Part III.15.	
1. Remaining unearned income (after allocation) or zero (from I.3.)		2. Eligible child's own OASDI income	
2. A. Subtract general income exclusion	-20	3. Other unearned income	
B. Subtract other unearned income deductions	-	4. A. Subtract general income exclusion	
3. Countable unearned income (to III.11.)		B. Subtract other unearned income deductions	
		-20	
Earned Income		5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)	
4. Remaining earned income (from II.3.)		6. A. Child's countable earned income (subtract \$65 + 1/2 remainder)	
5. Subtract balance of general income exclusion		B. Subtract other earned income deductions	
6. Remainder			
7. A. Subtract work expense exclusion	-65	7. Total countable income	
B. Subtract other earned income deductions	-	8. Current TB income standard	
8. Remainder		If line IV-7 is less than or equal to line IV-8., this person is income eligible.	
9. Subtract 1/2 remainder			
10. Countable earned income (to III.12.)			
Deemed Income			
11. Countable unearned income (from III.2.)			
12. Add countable earned income (from III.10.)			
13. Total countable income (from III.11. + III.12.)			
14. Subtract parent deduction*	-		
15. Deemed income. Enter on Line IV.1.			

* increased FBR if one spouse parent lives with child; double FBR if both spouse parents live with child.

MC 280 TB (4/89)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INSTRUCTIONS FINANCIAL ELIGIBILITY WORK SHEET FOR MC 280 TB (TB CHILD)

There is no deeming from any parent if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

PART I INELIGIBLE PARENT'S UNEARNED INCOME

Line 1.1. Enter the ineligible parent's unearned income.

Line 1.2. (If no ineligible siblings, enter zero in 1.2.c.) Enter the first name of any ineligible child(ren) in the box provided. On line 2.a., enter the allocations for any ineligible child(ren) not on PA or not applying for or eligible for the TB program. On line 2.b., enter any income for each of the children, excluding up to \$400 per month but no more than \$1,620 per year if student income. Subtract line 2.b. from 2.a., enter the remainder for each child and total the allocations for all siblings on line 2.c.

Line 1.3. Subtract line 2.c. from line 1.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line 2.c.) exceeds line 1.1. (unearned income). In the latter case, the negative figure on line 1.3. is carried over to line 11.2. (unused portion of allocation).

PART II INELIGIBLE PARENT'S EARNED INCOME

Line 11.1. Enter the parent's earned income.

Line 11.2. Enter the amount of any allocation for ineligible children that is not offset by unearned income (line 1.2.c. minus line 1.1.). If line 1.1. is greater than line 1.2.c., enter zero in line 11.2.

Line 11.3. Subtract the allocation amount on line 11.2. from line 11.1. (gross earned income) and enter the difference.

NOTE: If, at this point (after the allocation for ineligible children), there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, enter zero on line 11.15. and proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

PART III COMBINED INCOMES

Enter any remaining unearned income from line 1.3. on line 111.1. and any remaining earned income from line 11.3. on line 111.4. Follow the instructions on each line.

The entry on the last line of Part III (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") on Part IV, "TB Eligibility Calculation."

PART IV. TB ELIGIBILITY CALCULATION

Line IV.1. Enter the deemed income from the last line in Part III. The deemed income is treated as unearned income.

Line IV.2. Enter the applicant's OASDI income.

Line IV.3. Enter any other unearned income of applicant.

Line IV.4. A. Enter the \$20 any income exclusion.

Line IV.4. B. Subtract any other unearned income deductions.

Line IV.5. Add together the amounts in lines IV.1., IV.2., and IV.3., and then subtract the \$20 any income exclusion (line IV.4.) to obtain the total countable unearned income amount.

Line IV.6. A. Enter the applicant's countable earned income (i.e., earned income after exclusions including the \$65 expense exclusion and 1/2 the remainder).

Line IV.6. B. Subtract other earned income deductions.

Line IV.7. Add the amounts in lines IV.5. and IV.6. to obtain the total countable income.

Line IV.8. Enter the current TB income standard.

If line IV.7. is less than or equal to line IV.8., the child applicant is income eligible.

MC 280 TB (4/85)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME	CASE NUMBER
APPLICANT'S NAME	

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
--	-----------------	--------------

PART A. UNEARNED INCOME

1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		

PART B. EARNED INCOME

5. Applicant's Earned Income:		
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))		
7. Remaining Earned Income:		
8. Subtract Work Expense Exclusion:		
9. Subtract Other Earned Income Deductions:		
10. Remaining Earned Income:		
11. Subtract One-Half ($\frac{1}{2}$) Remaining Earned Income:		
12. Total Countable Earned Income:		
13. Total Countable Income (add lines 4 and 12):		

PART C. TB ELIGIBILITY CALCULATION

14. Current TB Income Standard for Individual:		
15. Enter Total Countable Income (line 13):		

(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)

Eligible Worker Signature	Worker Number	Computation Date	County Use Only

MC 282 TB (7/85)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5P-DRUG ADDICTION AND ALCOHOLISM PROGRAM

I. BACKGROUND

The Social Security Independence and Program Improvement Act of 1994 (Public Law 103-296) affects person receiving disability benefits due to Drug Addiction and Alcoholism (DA&A) effective March 1, 1995. A diagnosis of DA&A means that drug addiction or alcoholism is a contributing factor material to the finding of disability and that the individual would not be found disabled if the person discontinued using drugs or alcohol. The intent of these provisions is to establish barriers to using cash benefits to support an addiction.

Some of the major DA&A provisions are:

- Payments will usually be made to a preferred type of representative payee.
- The recipient must undergo and make progress in treatment, when available, at approved facilities.
- Payments will be suspended for a minimum of two months, three months, and six months respectively, for the first, second, and third or subsequent instances of noncompliance. The period of suspension continues even if the person becomes compliant during that time. A person who complies but still has suspended payment is referred to as a sanctioned person. Under federal law, Medicare and Medicaid based on SSI eligibility continue for DA&A persons if they continue to be disabled due to drug addiction or alcoholism and they would be eligible for SSI had they not been suspended or sanctioned. Non-SSI Medicaid may be provided if they state that they continue to be disabled (including continued substance addiction) and they meet all other Medicaid requirements.
- Payments will be terminated for noncompliance after 12 consecutive months of suspension for noncompliance. Medicaid may be provided to these DA&A persons if they are determined disabled and they meet all other Medicaid requirements. Medicare will cease.
- Payments will be terminated after 36 months of payment. Suspended or sanctioned months are not counted towards the 36-month limit. Months for which appropriate treatment is not available are not counted for persons receiving Social Security Disability Insurance (SSDI) but are counted for those receiving SSI. Medicaid and Medicare will continue beyond the 36-month limit for those entitled as long as the individual remains disabled, is otherwise eligible, and was not terminated for noncompliance with treatment.
- Retroactive one-time payments of past-due benefits must be paid in installments unless there is a high risk of homelessness.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

II. SUSPENDED DA&A PERSONS

A. Identification of Suspended DA&A Persons

These individuals are considered SSI recipients even though their SSI payments are suspended. They may go back to pay status depending on whether they comply with treatment. Persons in suspended payment status can be identified on the State Data Exchange (SDX) screen of MEDS with a payment status code of N10 (noncompliance with treatment requirements for substance addiction) or N11 (compliant with treatment, but must finish serving sanction months) and will have the letter "P" in the Medicaid eligibility code field on the SDX (QX) screen.

The Data Systems Branch identifies these persons on MEDS with an eligibility status code of "__71," i.e., a "7" in the second digit and a "1" in the third digit. Counties will then be able to control the record and make major changes, if required.

B. Notices for and Listings of Suspended DA&A Individuals

The SSI program's notice of planned action to suspended DA&A persons' SSI grants informs them to contact their county welfare department to report any changes which may impact their Medi-Cal eligibility.

The Department of Health Services' Data Systems Branch will be automatically sending out a notice to all these newly suspended DA&A persons. See Section VII for a copy of Notice Type 20. This notice will inform the person to contact their local county welfare department when there is a change in their income, property, or living conditions, and to contact the Social Security Administration office when there is a change in their disability. Such a change may impact their Medi-Cal eligibility which is currently based on receipt of SSI. A list of these suspended persons will also be provided to the county.

C. County Responsibilities

According to federal law, these suspended individuals remain SSI recipients and are entitled to zero share-of-cost (SOC) Medi-Cal unless there is a change which would impact such eligibility. Therefore, when a change is reported, the county must redetermine SSI property and income eligibility. The suspended DA&A recipient must complete the MC 210 and provide appropriate verification.

If the individual does not meet SSI income and property requirements, he/she must be reevaluated under Medi-Cal-only rules to determine whether he/she would be eligible for Medi-Cal with or without a SOC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

According to the SSA, there should not be any children under the age of 18 years who are suspended DA&A recipients. Generally, any individual 18 years or older is considered an adult for SSI purposes. If the county becomes aware of a suspended DA&A who is under age 18, please inform the DA&A analyst in the Medi-Cal Eligibility Branch.

D. Determination of Eligibility

The following describes how to determine whether a suspended DA&A recipient remains SSI eligible.

1. **Property Methodology**

(a). SSI Property Limits

The resource limit for a single person is \$2,000. The resource limit is \$3,000 for a married couple. The resource limits do not increase even if the suspended DA&A recipient and/or his/her spouse have children living in the home.

(b). Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

(c). Property Eligibility

Compare the suspended DA&A recipient's net nonexempt property to the appropriate SSI property limit. If the net nonexempt property exceeds the limit, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

2. **Income Methodology**

(a). SSI/SSP Income Standards

These standards vary according to the living arrangement of the individual. These standards are distributed to the counties each year, usually in January, as part of the updating of the Pickle (Lynch v. Rank) handbook. This chart is found on page 16-1 of the Pickle handbook.

(b). Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The suspended DA&A recipient is a disabled person when determining deductions and exemptions.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Exceptions - There are two exceptions to the use of Article 10.

Note: The term "SSI recipient" includes an individual who is a suspended DA&A recipient who still is in aid code 60, i.e., he/she has not reported any changes to the county which impacts his/her SSI eligibility.

Exception 1: Parental Allocation to Ineligible Children

Instead of the allocation to excluded children as provided in Article 10, Title 22, Section 50558, a parental allocation as described below will be applied.

a. Who may have this allocation:

- (i) A spouse (referred to as the ineligible spouse) who is not an SSI recipient, before his/her income is used for determining the SSI income eligibility of the other spouse.

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person who is not on SSI who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

c. How to determine the amount of the parental allocation:

- (i) Determine the standard allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, most likely in January.
- (ii) Subtract each ineligible child's own income from the standard allocation, but allow the following student deduction if appropriate.

Student deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1,620 per year, if the ineligible child is regularly attending a school, college, university or course of vocational training to prepare him/her for gainful employment.

- (iii) The remainder is each ineligible child's parental allocation.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- (iv) Total each ineligible child's parental allocation. The total is the actual parental allocation.
- (v) This allocation is applied first to the ineligible spouse's/parent's unearned income and then to his/her earned income.

Exception 2: Non-Deeming By the Ineligible Spouse:

In the situation where only one spouse of a married couple is a suspended DA&A SSI recipient, there is one instance where income from the ineligible spouse is not considered in determining the SSI income eligibility of the other spouse. This occurs when the income of the ineligible spouse (after any allocation to ineligible children, if applicable) is less than the standard allocation. The standard allocation is the difference between the couple FBR and the individual FBR.

Income Eligibility

Compare the suspended DA&A recipient's net nonexempt income to the appropriate SSI payment level standard. If net nonexempt income exceeds the applicable standard, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

E. Aid Codes for Eligible Individuals

If the suspended DA&A recipient remains eligible for SSI after the above SSI determination, he/she should remain in aid code 60 and continue to be treated as a PA recipient for Medi-Cal Family Budget Unit (MFBU) purposes. If he/she is ineligible for SSI but is eligible for a Medi-Cal-only program, he/she should be placed into the appropriate aid code such as 64 (disabled) if there is no share of cost, or 67 if there is a SOC. Regular MFBU rules for non-PA persons would then apply. The MC 309 DA&A Notice of Action (see section VII for a copy of this form) may be used in either case.

F. Examples:

Example 1:

Mr. Smith contacts the county on July 15 to tell them that his monthly income will increase from \$500 unearned income to \$1,385 gross income (\$485 earned and \$900 unearned). According to MEDS, Mr. Smith has been in aid code 60 with an eligibility status code (ESC) of _76 since April. He is therefore a suspended/sanctioned DA&A recipient. He lives alone in an independent living arrangement. He has no property. The county provides him with an MC 210 and other forms used during a redetermination.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The county will first apply SSI rules. Since he has no property, he meets SSI property requirements. The county will then apply SSI income rules.

a. SSI Income Determination:

\$ 900	unearned income
- 20	any income deduction
<u>\$ 880</u>	net nonexempt unearned income
\$ 485	gross earnings
- 65	\$65 earned income deduction
- 210	1/2 of remainder earned income deduction
<u>\$ 210</u>	net nonexempt unearned income
\$ 1,090	Total net nonexempt income (\$880 + 210)

Assume the SSI/SSP payment level is \$614.40.

Mr. Smith is income ineligible for SSI. The county will inform SSA of Mr. Smith's increase in income and then determine his eligibility for Medi-Cal only.

b. Medi-Cal Only Determination:

Assume Mr. Smith is property eligible.

Medi-Cal Share of Cost Determination

\$ 900	unearned income
- 20	any income deduction
<u>\$ 880</u>	net nonexempt unearned income
\$ 485	gross earnings
- 65	\$65 earned income deduction
- 210	1/2 of remainder earned income deduction
<u>\$ 210</u>	net nonexempt income
\$ 1,090	Total net nonexempt income (880 + 210)

Medi-Cal maintenance need income level (MNIL): \$600

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mr. Smith has a share of cost of \$490 and the county puts him in aid code 67 with a \$490 share of cost.

Example 2:

Mr. Brown contacts the county to tell them he just got married. Based on his current aid code, the county determines he is a suspended/sanctioned DA&A recipient. Mrs. Brown works and earns \$1,655 (gross). Mr. Brown has no income. They have one car and a \$2,500 savings account. There is no other property.

The county will first determine whether Mr. Brown remains SSI eligible.

a. SSI Property Determination:

The car is exempt and the remaining property (savings account) is under the \$3,000 property limit for a couple. Mr. Brown is property eligible.

b. SSI Income Determination:

There are no ineligible children for Mrs. Brown to allocate to. Since Mrs. Brown's income of \$1,655 is greater than the SSI standard allocation (\$229 in 1995), Mrs. Brown's income is deemed.

\$ 1655	Gross earned income of Mrs. Brown
- 20	Any income deduction (There is no unearned income to apply this against)
- 65	\$65 earned income deduction
- <u>785</u>	1/2 of remainder earned income deduction
\$ 785	Net nonexempt income

Assume the SSI payment level for this couple is \$1,101.71. Mr. Brown is income eligible. Mr. Brown remains SSI eligible. He remains in aid code 60.

G. Changes Reported By the Beneficiary

Counties are currently able to change an address or make other changes, e.g. name change using the EW 55 transaction. Should the person report changes in family circumstances, income, resources, living circumstances which require the completion of an MC 210 and a face-to-face interview, the county also has the capability to change the current aid code of 60 to a 64, 67, 30, or other appropriate aid code if they do not meet SSI requirements. The changes which affect SSI eligibility should be reported to SSA via the SSA 1610 under Item No. 5 "Remarks" or any form that a county has developed to report such changes. See Section VII for copy of the SSA 1610.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTE: An allegation of another or additional disability also should be reported by counties to SSA via the SSA 1610 so that SSA may change the classification of disability to something other than DA&A if applicable.

H. Pickle Persons

SSA has advised us that a DA&A person who is in SSA's suspended status will not be reported to DHS as a potential Pickle person. That is, even if a DA&A person would have been discontinued from SSI due to the SSA cost of living adjustment (COLA), he/she will not be on the Pickle 503 Leads Report. However, should such a DA&A person be inadvertently reported as a potential Pickle person, he/she should be treated as any other potential Pickle person, including having eligibility established for zero share of cost Medi-Cal under the Pickle program for January and ongoing as appropriate even if the county has previously changed them into another aid code due to increased income.

III. PERSON TERMINATED FROM SSI AFTER 12 MONTHS OF SUSPENSION

Persons who have been suspended or sanctioned SSI payment status for 12 consecutive months will be terminated from SSI by SSA. If the person was in aid code 60, MEDS will show a payment status code of T31 and will usually have a "P" on the SDX (QX) screen. These persons will receive the same "Ramos" notice (Type 7), forms, and instructions as any SSI recipient in this status code who is terminated for "other" reasons. Counties will receive a list of these persons. **NOTE:** This process is not applicable if the county has previously determined that they were income ineligible for SSI and placed them in aid code 64, 67, or another Medi-Cal Only aid code.

For those terminated SSI person in aid code 60, the county will apply regular "Ramos" procedures specified in Article 5E of the Medi-Cal Eligibility Procedures Manual (MEPM). If application forms are received timely, the county will place these persons in an appropriate aid code such as aid code 64 or 67, if otherwise eligible.

IV. PERSONS TERMINATED AFTER 36 MONTHS OF SSI PAYMENT FOR DA&A

Beginning March 1995, SSA began limiting those persons receiving SSI or SSDI to 36 months of payments for DA&A. Months of suspension will not be counted in the 36 months for either program. Medi-Cal and Medicare will continue for those beneficiaries if their disability continues, even though the SSI and SSDI payments are stopped.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SSA has not identified the termination status codes for these persons. It is probable that these persons will receive certain "Ramos" notices and forms to complete for continued Medi-Cal. More information will be provided on this group in the future. The earliest date payments can be terminated by SSA under this provision is March 1998 unless Congress amends this provision.

V. CASE COUNT

Counties will receive a new case count for suspended, sanctioned, or terminated persons if the beneficiary indicates a change in circumstances that require a redetermination of eligibility (MC 210) even if there is no aid code change. Counties will not receive a case count for simple changes such as a change of address.

VI. STATE ADMINISTRATIVE HEARING

Applicants shall have the right to a state hearing if dissatisfied with any action of the DHS. In accordance with California Code of Regulations, Title 22, Section 50995, those persons receiving denial notices who desire a fair hearing will be assisted by the county in the process of filing the hearing request, if the individual requests such assistance.

VII. THE FOLLOWING NOTICE AND FORMS ARE CONTAINED IN THIS SECTION:

- | | |
|-------------------|---|
| A. MC 307 | DRUG ADDICTION AND ALCOHOLISM (DA&A)
PROPERTY WORK SHEET ADULT |
| B. MC 308 | DRUG ADDICTION AND ALCOHOLISM (DA&A)
INCOME ELIGIBILITY WORK SHEET |
| C. MC 309 (DA&A) | CONTINUATION OF NOTICE OF ACTION
(English and Spanish) |
| D. MC 310 (DA&A) | DISCONTINUANCE OF NOTICE OF ACTION
(English and Spanish) |
| E. NOTICE TYPE 20 | SUSPENSION OF SSI/SSP;
EXTENDED MEDI-CAL ELIGIBILITY (DA&A) |
| F. NOTICE TYPE 7 | DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER |

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM INCOME ELIGIBILITY WORK SHEET (Individual or couple, applicant with an ineligible spouse)

Case name

Case number

Applicant's name

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income. \$
2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.).
Do not include PA- or DA&A-eligible children or children applying for the DA&A program. \$

CHILD NO. 1	CHILD NO. 2	CHILD NO. 3	CHILD NO. 4
Name	Name	Name	Name

- a. Standard SSI allocation (couple Federal Benefit Rate (FBR) minus individual FBR)
 - b. Subtract child's income (exclude for student exclusion)
 - c. Total allocation \$
3. Remaining unearned income (subtract line I.2.c. from I.1.) \$

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income \$
2. Unused portion of allocation for ineligible child(ren) \$
3. Remaining earned income (subtract II.2. from II.1.) \$

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3. and II.3.)

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV. \$

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

Unearned Income

1. Applicant's gross unearned income \$
2. Ineligible spouse's unearned income (line I.3.) \$
3. Combined unearned income (add lines IV.1. and IV.2.) \$
4. Subtract general income exclusion \$
5. Combined countable unearned income \$ -20

Total Unearned

Earned Income

6. Earned income of applicant and spouse (use amount from line II.3. for ineligible spouse) \$
7. Subtract balance of general exclusion not offset by unearned income (line IV.4.) \$
8. Remaining earned income \$
9. Subtract work expense exclusion \$ -65
10. Remaining earned income \$
11. Subtract 1/2 remaining earned income \$ -
12. Countable earned income \$

Total Earned

13. Total countable income (add lines IV.5. and IV.12.) \$

Countable Total

PART V. DA&A ELIGIBILITY CALCULATION

1. Current SSI/SSP income standard for an individual or a couple \$
2. Enter total countable income (line IV.13.) \$

If line V.2 is less than or equal to V.1., the applicant is DA&A income eligible.

Eligibility worker signature

Worker number

Computation date

County use only

MC 307 (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INSTRUCTIONS

INCOME ELIGIBILITY WORK SHEET MC 307 DA&A

(Individual or couple, applicant with an ineligible spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line 1.1. Enter the ineligible spouse's unearned income.
- Line 1.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the DA&A program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,260 per year of student income. On line 2.c., enter the remainder for each child and total the allocation for each child.
- Line 1.3. Subtract line 1.2.c. from line 1.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line 1.2.c.) exceeds line 1.1. (countable unearned income). In the latter case, the negative figure on line 1.3. is carried over to line 11.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line 11.1. Enter the ineligible spouse's gross earned income.
- Line 11.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line 1.2.c. minus line 1.3.). If line 1.1. is equal to or greater than line 1.2.c., enter zero in line 11.2.
- Line 11.3. Subtract the allocation amount on line 11.2. from line 11.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines 1.3. and 11.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current SSI/SSP payment level for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines 1.3. and 11.3. in Part IV and the current SSI/SSP payment level for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line 1.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line 11.3. for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. \$65 work expense exclusion.
- Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12. and enter total. This is the amount of income to be considered in determining DA&A eligibility. Enter on line V.2.

PART V. DA&A ELIGIBILITY CALCULATION

- Line V.1. Enter the current applicable SSI/SSP payment level. If income is deemed from the ineligible spouse, use the SSI/SSP payment level for a couple. Otherwise use the SSI/SSP payment level for an individual.
- Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current SSI/SSP payment level, the applicant(s) is/are income eligible for the DA&A program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's DA&A income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

DRUG ADDICTION AND ALCOHOLISM (DA&A) PROPERTY WORK SHEET ADULT (18 Years of Age and Older or Married)

NAME	CASE NUMBER	MONTH
------	-------------	-------

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the DA&A applicant (and spouse);
do not consider the property of any other family members in the home.

B. Net nonexempt property of DA&A applicant (and spouse): \$ _____

C. Property limit for one person (or two persons if there is a spouse): \$ _____

D. Is line II.B. less than or equal to line II.C.?

☐ Yes, DA&A property requirement met.

☐ No, ineligible due to excess property.

➤

Eligibility Worker Signature

Worker Number

MC 308 (12/95)

SECTION NO.:

MANUAL LETTER NO.: 160

DATE: 6/3/96 PAGE: 5P-12

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION CONTINUATION OF BENEFITS SUSPENDED SSI RECIPIENT

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(Name)

Your redetermination for the Medi-Cal Program has been approved. You will continue to receive Medi-Cal services at no share-of-cost.

Carry your Benefits Identification Card (BIC) with you at all times. Present it to your doctor or any other health care provider when you are requesting services.

For additional information, contact your case worker.

Within ten days, you must tell the county about any changes in income, property, or other information you gave us.

Eligibility Worker

Phone

Date

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Health and Welfare Agency

Department of Health Services

NOTICIA DE ACCION DE MEDI-CAL
CONTINUACION DE BENEFICIOS
EX-RECIPIENTE DE BENEFICIOS DE SSI

(County Stamp)

Apellido: _____

Número: _____

Zona: _____

Esto afecta a: _____

Su solicitud para beneficios de Medi-Cal fue aprobada de nuevo. Usted seguirá recibiendo servicios de Medi-Cal sin parte del costo (share-of-cost).

Siempre tiene que llevar su Tarjeta de Identificación para Beneficios (tarjeta BIC). Preséntela a su doctor o cualquier otro proveedor de cuidados médicos cuando necesite atención médica.

Para-más información, póngase en contacto con su trabajador(a) de casos.

Dentro de 10 días, tiene que notificar el condado de cualquier cambio en relación con sus ingresos; sus bienes; u otros datos que nos suministró.

Trabajador(a) de elegibilidad

Teléfono

Fecha

HC 709 DABA (5a) (12-95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE FROM AUTOMATIC SSI CASH-BASED MEDI-CAL

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(Name)

- ☐ As of _____ your eligibility for Medi-Cal, including the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits, is discontinued. This is because your property of _____ is more than the property level of \$2000 for an individual or \$3000 for a couple.
- ☐ As of _____ your eligibility for the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits is discontinued because your income is more than the SSI/SSP income level of _____.

HOWEVER, YOU ARE ELIGIBLE FOR MEDI-CAL WITH A SHARE-OF-COST.

- ☐ You will receive a separate notice of action about your share-of-cost.
- ☐ Your share-of-cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance need	\$ _____
Excess income/share-of-cost	\$ _____

Keep your Benefits Identification Card (BIC). Your card will show your provider the amount of your share-of-cost. This is the amount you must pay or obligate to the provider.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50653 and 50420.

Eligibility Worker

Phone

Date

MC 310 DAA (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Henrich and Welfare Agency

Department of Health Services

NOTICIA DE ACCION DE MEDI-CAL TERMINACION DE BENEFICIOS AUTOMATICOS DE MEDI-CAL BASADOS EN EL RECIBO DE ASISTENCIA MONETARIA/SSI

County Stamp

Apellido: _____

Número: _____

Zona: _____

Esto afecta a: _____

☐ Empezando el _____, fue cancelada su elegibilidad para los beneficios de Medi-Cal que usted recibía, incluyendo la Parte de Costo de 0 dólares que le había sido otorgada, debido al hecho que también recibía beneficios de Seguridad de Ingreso Suplemental/ Programa Suplementario del Estado (SSI/SSP). Esta decisión fue tomada porque sus bienes de _____ superan el nivel de bienes que está autorizado para una persona sola (\$2,000) o para una pareja (\$3,000).

☐ Empezando el _____, fue cancelada su elegibilidad para la Parte de Costo de 0 dólares que le había sido otorgada, debido al hecho que también recibía beneficios de Seguridad de Ingreso Suplemental/ Programa Suplementario del Estado (SSI/SSP). Esta decisión fue tomada porque sus ingresos superan el nivel permitido para poder ser elegible para beneficios de SSI/SSP.

SIN EMBARGO, ES ELEGIBLE PARA BENEFICIOS DE MEDI-CAL, CON UNA PARTE DEL COSTO.

☐ Recibirá otra noticia respecto a su Parte del Costo.

☐ Así fue calculada su Parte del Costo:

Ingresos Brutos	\$ _____
Ingresos Netos no Exentos	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____
Exceso Ingreso/Parte del Costo	\$ _____

Conserve su Tarjeta de Identificación para Beneficios (tarjeta BIC). Esta tarjeta indicará a su proveedor de cuidados médicos el valor de su Parte del Costo. Es la cantidad que usted debe pagar a su proveedor de cuidados médicos.

La regulación que requiere esta acción se encuentra en el Código de Regulaciones de California, Título 22, Secciones 50653 y 50420.

Trabajadora de Elegibilidad

Número de teléfono

Fecha

MC 310 DA&A (5a) (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 20
NOTICE PREPARATION DATE:
March 21, 1996

MEDI-CAL
NOTICE OF ACTION

SUSPENSION OF SSI/SSP
EXTENDED MEDI-CAL ELIGIBILITY
(Drug Addiction and Alcoholism)

DA00002

PUBLIC JOAN Q
JOAN Q PUBLIC
C/O JOHN Q PUBLIC
9876 MAIN ST
CARMEL CA

93901

Social Security Number:
222-22-2222

Beneficiary ID Number:
27-50-9222222-222

The Social Security Administration (SSA) has informed us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check because you did not comply with your treatment program; however, you will not lose your free Medi-Cal benefits. You will continue to get FREE Medi-Cal unless your income, property, or living conditions change.

If you have changes such as your address, income, property, marital status, etc., please inform the county contact listed below.

Monterey County
Department of Social Services
1000 So. Main Street,
Salinas, CA 93901
408-755-4400

IF YOUR DISABLING CONDITION CHANGES OR YOU NOW HAVE A NEW DISABLING CONDITION, YOU SHOULD ALSO REPORT IT TO YOUR LOCAL SSA OFFICE. IF YOU HAVE NO CHANGES, YOU DO NOT NEED TO CONTACT THE COUNTY.

If you have contacted SSA and have been told that you will once again receive an SSI/SSP check, please disregard this notice.

If you are Medicare eligible, the state will continue to pay your Medicare Part B premiums and Part A and B coinsurance and deductibles. If you are a Qualified Medicare Beneficiary (QMB), the state will also continue to pay your Part A premiums.

DO NOT THROW AWAY YOUR PLASTIC CARD: YOU MAY CONTINUE TO USE IT FOR YOUR MEDI-CAL BENEFITS.

KEEP THIS NOTICE.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 7
NOTICE PREPARATION DATE:
February 6, 1996

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER

0000001

GREENE NATHANIEL M
NATHANIEL M GREENE

Social Security Number:
333-33-3333

20767 COMPENS BLVD
CAMDEN CA

93333

Beneficiary ID Number:
36-10-9333333-333

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for an SSI/SSP Medi-Cal card after February 29, 1996.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO RESUME ISSUANCE OF YOUR MEDI-CAL CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR MEDI-CAL CARD BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT AND OBTAIN ANY MEDI-CAL CARDS TO WHICH YOU ARE ENTITLED"

Even though you are no longer eligible for an SSI/SSP Medi-Cal card, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal. IF YOU ARE INTERESTED IN CONTINUING TO RECEIVE MEDI-CAL BENEFITS, COMPLETE THE APPLICATION AND STATEMENT OF FACTS FORMS THAT ARE ATTACHED. Mail them IMMEDIATELY to the county welfare department at the following address:

San Bernardino County
Dept of Public Social Services
Attn: SSI/SSP Disc
Telephone (714) 387-5040
464 North E. Street
San Bernardino, CA 92415

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The county will contact you to set up an appointment for you to come in for an interview with a county worker. This interview and the completion of the forms are necessary to establish your ongoing Medi-Cal eligibility.

If you do not return the forms and participate in the interview, your Medi-Cal eligibility cannot be determined and your Medi-Cal benefits will end in the month shown above.

If you have questions on how to complete the forms, or if you need help with them, contact the county at the address or phone number listed above.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(05/90)

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

...

PROGRAM : XVI017T
REPORT NO: RS-XVI017T-R029

BARBARA BARANSKI
ORANGE COUNTY
SOCIAL SERVICES AGENCY

SANTA ANA, CA 92701
(714) 541-7736
(714) 541-7811 FAX

BENEFICIARY ID SSN

306091111111111 111-11-1111

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTER OF DISCONTINUED BENEFICIARIES
MMX SUSPENDED DATA MMX
ELIGIBILITY MONTH -- MARCH 1996

BENEFICIARY NAME AND ADDRESS

JONES JOHN PAUL

JOAN T JONES FOR
JOAN T JONES FOR
10612 BONNOMME RICHARD AVE
INDEPENDENCE CA 91111

COMMENTS:

TOTAL FOR THIS COUNTY

1

RUN DATE: 02/06/96
PAGE: 1

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PROGRAM : XVI017
REPORT NO: R3-XVI017-R030
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
RUN DATE: 02/07/96
PAGE: 1

RAQUEL REDEM
SAN BERNARDINO COUNTY
PUBLIC SOCIAL SVC DEPT
SAN BERNARDINO, CA 92401
(009) 387-4735
(009) 387-4730 FAX
BENEFICIARY ID SSN
36109030147049 030-14-7049

NOTICES OF DISCONTINUANCE -- 331/33P
REGISTER OF DISCONTINUED BENEFICIARIES
MM TERMINATED DATA MM 1996
ELIGIBILITY MONTH -- MARCH

BENEFICIARY NAME AND ADDRESS
FIGUOLI LENA C
LENA C FIGUOLI
20767 SITTING BULL
APPLE VALLEY CA 92308
COMMENTS:

TOTAL FOR THIS COUNTY 1

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

VIII. MEDI-CAL DRUG ADDICTION OR ALCOHOLISM PROGRAM QUESTIONS AND ANSWERS

Question 1: We understand that a list will be sent to the counties informing them about those DA&A recipients whose SSI payments are either sanctioned, suspended or terminated. When will that list be sent to the counties? How often will the counties receive an updated list? When will the suspended DA&A recipients receive the proposed notice telling them to report changes to their county welfare office?

Answer 1: a) The counties will receive a list of the suspended and terminated DA&A recipients. Section 5P-2 addresses the suspended DA&A list and Section 5P-8 addresses the terminated DA&A list. These lists will be generated by the Department of Health Services Data System Branch (DSB) approximately on the 22nd of every month.

b) DSB will send each county a DA&A list on a monthly basis. There will be some months where counties may not receive a list because there is no one on the suspended or terminated list.

c) The Department of Health Services (DHS) Data System Branch (DSB) receives an SDX tape from the Social Security Administration (SSA) that provides the names of persons who have been suspended from SSI for noncompliance with treatment or terminated for 12 consecutive months of suspension for noncompliance. DSB will update their system with the SDX tape and send out this notice within the month of suspension. This notice uses the same schedule as the Ramos process.

Question 2: If the specialist determines that the sanctioned or suspended DA&A recipient remains eligible to Medi-Cal under the SSI program, does the specialist deny the client regular Medi-Cal due to the client receiving Medi-Cal from SSI?

Answer 2: The county must send a notice of action. This notice must inform the DA&A individual that either (1) the reported change has had no impact on Medi-Cal and his/her SSI-cash-based Medi-Cal will continue or (2) because his/her SSI-cash-based Medi-Cal will continue, Medi-Cal under a different program is denied.

Question 3: Notice of Action Type 20 has a section to list the county worker for the DA&A recipient. If the DA&A recipient continues to receive Medi-Cal benefits under the SSI program, their case, cash benefits and MEDS records will still be controlled by SSA. How do we clarify the situation to help the DA&A recipient understand that they should still be contacting their worker at SSA?

Answer 3: Since the suspended DA&A recipient is not receiving SSI cash, any change in circumstances (except for an allegation of a new disability) only has the potential to impact Medi-Cal. Therefore, the DA&A recipient is not to report changes to SSA. All changes are to be reported to the county welfare department. The county is

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

responsible for determining whether SSI-cash-based Medi-Cal continues, or there is Medi-Cal-Only eligibility or there is no eligibility for any Medi-Cal program. If the DA&A recipient reports a change which concerns his/her disability, the counties should advise him/her to contact the SSA. Also we are adding a statement to the Notice of Action Type 20 advising the DA&A recipient to report any disability changes to the SSA office.

Question 4: When determining continued eligibility for an individual that is also a member of an otherwise eligible PA family (AFDC/MC), do we look at just the SSI/SSP individual's income/property separate from the family's income/property or along with the rest of the family which could result in the entire family being ineligible to PA assistance?

Answer 4: Section 5P-3 describes how determination of eligibility is done. If the county is determining whether there is continuing SSI eligibility for a suspended DA&A recipient whose family is on AFDC cash and AFDC cash-based Medi-Cal, only the income and resources of the DA&A recipient are considered. If the county already determined the suspended DA&A recipient is not eligible for SSI cash-based Medi-Cal and the county is determining his/her eligibility for Medi-Cal only, the Medi-Cal worker would treat the DA&A individual as it does any Medi-Cal beneficiary with an AFDC cash family. In addition, the Medi-Cal worker should advise the AFDC worker that the DA&A individual is no longer an SSI recipient.

Question 5: Is SSP impacted by the DA&A program?

Answer 5: Yes. If the individual is not eligible for SSI, then he/she is not eligible for SSP.

Question 6: How will SSA know when a suspended individual has a change in property or income?

Answer 6: The county will notify SSA of these changes by completing the form 1610 and mailing the form to SSA.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5R - 250 PERCENT WORKING DISABLED PROGRAM

1. LEGISLATIVE BACKGROUND

Section 4733 of the federal Balanced Budget Act of 1997, Public law 105-33, created a new optional categorically needy group for the employed disabled individuals with income below 250 percent of the federal poverty level (FPL). California adopted this option pursuant to Assembly Bill 155, Chapter 820, Statutes of 1999 as the 250 Percent Working Disabled (WD) program with an April 1, 2000 effective date.

2. PROGRAM DESCRIPTION

The 250 percent WD program is full-scope Medi-Cal coverage with the Aid Code of 6G. To be eligible for the 250 percent WD program the individual must:

- be employed;
- meet the federal definition of disability except the individual is allowed to perform Substantial Gainful Activity (SGA);
- have net nonexempt income below 250 percent of the FPL;
- be eligible to receive SSI/SSP benefits if earnings were disregarded;
- pay a monthly premium based on the individual's income;
- meet all other non-financial Medi-Cal eligibility requirements.

California adopted the federal option of using the more liberal income and resource methodology to determine eligibility as follows:

- Exempting the individual's disability income, and
- Exempting retirement arrangements authorized through the Internal Revenue Code.

Individuals receive full-scope Medi-Cal for a monthly premium to be paid to the Department of Health Services. Individuals will be issued a monthly premium statement by the Department, including an invoice and envelope with which to return their payments. Individuals will be discontinued from the program if they do not pay premiums for two consecutive months. Eligibility for the program is retained for these two transition months.

There is a six-month penalty period following the month of discontinuance based on nonpayment of premiums. Individuals wishing to reenroll in the program during the 6 month penalty period must either:

- pay the premiums for the current month and the premiums owed for the two transition months in which premiums were not paid; or
- reapply after the six-month penalty has passed. No premiums will be owed for past months; the individual is treated as a new applicant.

3. MEDI-CAL FAMILY BUDGET (MFBU) COMPOSITION

The 250 percent WD beneficiary is to be treated as "Other Public Assistance (PA)." He or she is in his or her own MFBU. Couples are in the MFBU together only if both parties of a couple meet the eligibility criteria for the 250 percent WD program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

To determine the MFBU:

- First evaluate the whole family, including the working disabled individual for Section 1931(b) eligibility.
- If the entire family is ineligible for Section 1931(b) with the working disabled person, evaluate the working disabled person for the 250 percent WD program.
- If he or she is eligible, he or she is considered "other PA" and is in his or her own MFBU.
- Evaluate the rest of the family for the Section 1931(b) program without the 250 percent WD individual in that MFBU.
- If the family is ineligible for Section 1931(b), usual Medi-Cal procedures are followed to determine that family's eligibility for other Medi-Cal programs.

In the case of a parent and child both qualifying for the 250 percent WD program, each will be in his or her own MFBU.

4. COUNTY RESPONSIBILITIES

Determine program eligibility for children and adults:

The county welfare department (CWD) shall determine whether an applicant meets Medi-Cal's financial and non-financial requirements, including California residency, and in addition meets all program requirements for the 250 percent WD program.

- a. Determine whether the individual is employed. For purposes of the 250 percent WD program "work" is undefined. Individuals are required to provide proof of employment (e.g., pay stubs or written verification from an employer). If an applicant or beneficiary is self-employed, he or she is required to provide bona fide records (e.g., a contract, which may include the work-duration, and W2 forms, or the 1099 Internal Revenue Service form. An individual is considered working if he or she is receiving sick leave or vacation pay from his or her employer.
- b. Determine whether a disability exists according to the conditions of the California Code of Regulations, Title 22, Section 50223. For applicants that have not had a disability determination, the CWD shall prepare a disability package in the same manner used for any individual applying for Medi-Cal under the disability category. However, 250 percent WD individuals cannot be denied disability status by the State Disability and Adult Programs Divisions (DAPD) for performing SGA. The CWD shall send the completed disability package to DAPD in accordance with the provisions outlined in Procedures, Section 22-C-6 of the Medi-Cal Eligibility Manual.

Note: When completing the MC 331, the county shall check the box identified as "Other" in Section No. 8 and annotate the following in Section No. 10, **"250 Percent Working Disabled Program-No SGA Determination Required."**

- c. Determine net nonexempt income in accordance with the provisions outlined in CCR, Title 22, Article 5, except as follows:
 1. Determine inkind income using Supplemental Security Income's (SSI's) requirements for treating inkind support and maintenance (ISM). See Section 5, and the attached Section 14 of the Pickle Handbook which provides detailed instructions about ISM.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. Disregard all disability income, including workman's compensation of the working disabled individual.
3. Deduct all impairment related work expenses (IRWEs) from income as based on SSI methodology. IRWEs are the expenses of a working applicant/beneficiary that are necessary for the individual to become or remain employed (eg, attendant care services, transportation costs, and medical devices).
4. Base spousal/parental deeming on SSI methodology.
5. Disregard one-third of child support received by a child applicant.

Note: The methodology for determining income, including the above exceptions, is contained in the new income test worksheet forms.

- d. Determine net nonexempt property in accordance with the provisions outlined in CCR, Article 9. Exempt the resources of the working individual in the form of retirement arrangements authorized under the Internal Revenue Code. This includes:
 - Individual Retirement Accounts (IRAs);
 - Plans for self-employed individuals, such as KEOGH Plans;
 - Work related pension funds administered by an employer or union, for income when employment ends, such as Deferred Compensation and Thrift Plans.
- e. Determine whether the net nonexempt family income of the disabled working individual is less than 250 percent of the FPL. To calculate net nonexempt income using SSI/SSP methodology see section (f)(2) below:
 1. Consider only the income of the working disabled individual and his/her spouse (or parent, if a child) using form the MC 338 "250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program-Adults" for Adults and MC 338-B "250 Percent and SSI/SSP Income Test Work Sheet for the 250 Percent Working Disabled Program-Child Applying With or Without Ineligible Parent(s)" for children. Whether spousal or parental deeming applies and the income of the parent(s) or ineligible spouse is to be counted as net nonexempt income of the applicant, is determined by completing these worksheets.
 2. For a child, or individual without a spouse, net nonexempt income must be less than 250 percent of the FPL for one person.
 3. For an applicant with an ineligible spouse, whose income is not to be counted using SSI spousal deeming rules, net nonexempt income must be less than 250 percent of the FPL for one person.
 4. For an applicant with an ineligible spouse, whose income is to be counted using SSI spousal deeming rules, the net nonexempt income must be less than 250 percent of the FPL for two persons.
- f. Determine whether the working disabled individual would be eligible for SSI/SSP in the absence of his or her earnings:
 1. Review alien status:

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- a. Aliens who are or would be limited to restricted services under a regular Medi-Cal program (such as the Medically Needy program) are ineligible under federal requirements for SSI/SSP. Since eligibility for the 250 percent WD program requires an individual to be eligible for SSI/SSP when earnings are disregarded, these aliens are also ineligible for the 250 percent WD program.
- b. Aliens listed below who are, or could be receiving full-scope services under regular Medi-Cal, are not eligible for the 250 percent WD program unless they are lawfully residing in the United States and were receiving SSI on August 22, 1996:
 - Voluntary Departure (INS Section 242(b))
 - Order of Supervision (INA Section 242)
 - Registry of Alien (INA Section 249)
 - Indefinite Stay of Deportation
 - Suspension of Deportation (INA Section 244)
 - In United States with Permission of INS
 - Deferred Action Status
 - Indefinite Voluntary Departure
 - Extended Voluntary Departure
 - Stay of Deportation (INA Section 106)
 - Immediate Relative Petition
 - Application for Adjustment Status
 - Lawful Temporary Resident

These aliens who were on SSI on August 22, 1996, meet the SSI alien status requirements and must continue to be evaluated for the 250 percent WD program.

The following categories of immigrants are eligible for the 250 percent WD program:

- Lawful Permanent Residents;
 - Aliens Granted Asylum under Section 208 of the Immigration and Nationality Act (INA);
 - Refugees admitted to the United States under Section 207 of the INA;
 - Aliens paroled into the United States under INA, Section 212(d)(5) for at least one year;
 - Aliens for whom deportation is being withheld under Section 243(h) of the INA;
 - Aliens granted conditional entry under Section 203(a)(7) of the INA;
 - Aliens who are Cuban and Haitian entrants as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; and
 - Battered aliens who meet the requirements for qualified alien status.
2. SSI/SSP income determination:
 - a. This determination is based on SSI/SSP methodology (with the additional exemption of the individual's disability income and earnings). To determine whether the individual's income is less than the SSI/SSP payment standard complete the MC 338A "SSI/SSP Income Test Worksheet for the 250 Percent Working Disabled Program-ADULTS" or the "MC 338B "250 Percent and SSI/SSP Income Test Worksheet for the 250 Percent Working Disabled Program-CHILD."
 - b. To determine whether the individual(s) meet the SSI/SSP income test, net nonexempt

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income must be equal to or less than the SSI/SSP payment level for:

- One person, if the individual is a child, an adult without a spouse, or an adult with an ineligible spouse and spousal deeming does not apply; or
- Two persons, if a couple is applying, or an individual with an ineligible spouse is applying and spousal deeming applies.

3. SSI/SSP property determination:

- a. To determine whether net nonexempt property meets the SSI/SSP property test, complete the MC 338C, "SSI/SSP Property Test Worksheet for the 250 Percent Working Disabled Program Adults and Child Applicants".
- b. To meet the SSI/SSP property test, the net nonexempt property of a child or single individual must be less or equal to the property level for one (\$2,000) or, for an individual with a spouse, the property level for two (\$3,000).

4. Ensure that the individual is provided with the MC 338G entitled "Premium Payment Information for the 250 Percent Working Disabled Program" at the time of initial approval and redetermination. This form describes the various requirements relating to the premium payment system. Although no face-to-face interview is required, if an interview is requested, the county must review the contents of this form with the individual.

g. Determine premium amounts:

Based on the nonexempt net countable income as determined by completing the MC 338, "250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program-Adults" for either an individual or a couple; or the MC 338B, "250 Percent and SSI/SSP Income Test Work Sheet for the 250 Percent Working Disabled Program-Child Applying With or Without Ineligible Parent(s)" for a child, the county will determine the monthly premium amount according to the following chart.

Net Countable Income		Premium Amount for One Eligible Individual	Premium Amount for an Eligible Couple
From	To		
\$1	\$600	\$20	\$30
\$601	\$700	\$25	\$40
\$701	\$900	\$50	\$75
\$901	\$1,100	\$75	\$100
\$1,101	\$1,300	\$100	\$150
\$1,301	\$1,500	\$125	\$200
\$1,501	\$1,700	\$150	\$225
\$1,701	\$1,900	\$175	\$275
\$1,901	\$2,100	\$200	\$300
\$2,101	Up to 250 percent of the FPL for two	\$250	\$375

Use the net countable income for one if an individual or child is applying.

Use the net countable income for two if an individual is applying and the spouse's income is counted or if a couple is applying.

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h. Reporting to MEDS:

If the CWD determines that the individual is eligible for the 250 percent WD program, the county must report his or her Aid Code 6G via a transaction to MEDS through standard operating procedures. The county shall report the amount of premium in the share-of-cost (SOC) field.

The premium amount will show in the SOC amount field on the INQM screen. This screen will show the 6G with an eligibility status code reflecting whether the month:

1. is a month in which full premiums have been paid;
2. is an unpaid retroactive month;
3. is one of the "history" months (eligibility was reported for a month or months prior to the current MEDS months);
4. is one of the two months of exception eligibility where the individual has not paid full premiums but is still eligible (eligibility is terminated after two consecutive months of nonpayment of premiums); or
5. is a month of ineligibility because the individual has been terminated from the 250 percent WD program.

i. Redetermining for other programs

DHS will send an MC 338F "Notice of Action" with appeal rights to individuals that are discontinued from the 250 percent WD program for failure to pay premiums. Refer to Section VIII of these procedures for additional information of the premium payment process.

DHS will update the MEDS to show ineligibility and will notify the county of the discontinuance via a worker alert. The CWD shall conduct an expedited exparte redetermination as to whether the individual is eligible for any other Medi-Cal program.

5. INKIND SUPPORT AND MAINTENANCE (ISM):

ISM is defined as any food, clothing, or shelter that is either given to or received by a 250 percent WD individual that is paid for by another person. Shelter includes room, rent, gas, electricity, water, sewer, and garbage collection services. ISM is valued using two different methods described below. The following chart will describe when to use VTR or PMV.

- a. The value of the one-third reduction (VTR). This value is one third of the SSI (but not the combined SSI/SSP) payment rate.
- b. The presumed maximum value (PMV). This value is one-third of the SSI (but not the combined SSI/SSP) payment rate plus \$20. This value may be rebutted if the actual values for the item are less than the PMV.

Unless the VTR applies, PMV applies when the individual receives partial or full support from someone who is not a legally responsible relative. PMV can apply if given by a person outside the individual's home/household.

An individual is not charged both VTR and PMV in the same month. If VTR is charged, PMV may not be used. These values are unearned income and used to determine income eligibility.

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An individual is not charged both VTR and PMV in the same month. If VTR is charged, PMV may not be used. These values are unearned income and used to determine income eligibility.

The following chart describes the most common situations involving ISM. For additional information or to answer questions regarding more specific situations, refer to the Pickle Handbook, Section 14, attached to these procedures.

Living Arrangement	VTR: Count 1/3 of the applicable SSI (but not SSP) payment level as unearned income	PMV: Count 1/3 of the SSI (but not SSP) payment level + \$20 as unearned income
Applicant/beneficiary lives in own home, i.e., <ul style="list-style-type: none"> ▪ He or she and spouse living in home have ownership or life estate interest or rental liability, ▪ He or she pays pro rata share, or; ▪ All members of the household are receiving public assistance income payments. 	VTR does not apply	Count PMV to the applicant if any combination of food, shelter, or clothing is given by a person who is not a responsible relative.
Applicant and his or her: <ul style="list-style-type: none"> ▪ Spouse; ▪ Minor child; ▪ Ineligible spouse (or ineligible parent if applicant is a child) whose income may be deemed to the applicant; ▪ Live in the household of another person who is not one of these above persons. 	Count VTR as unearned income to the applicant if the other person gives/pays for the applicant's food <u>and</u> shelter.	If VTR does not apply, count PMV as unearned income to the applicant if the other person give/pays for any other combination of the applicant's food, shelter, or clothing.
Applicant lives throughout the whole month in the household of another person who is not his/her eligible or ineligible spouse, parent, or child.	Count VTR if the other person is giving/paying the applicant's/ beneficiary's full food AND shelter.	If no VTR, then count PMV if the other person gives any other combination of food, shelter, or clothing, e.g., the applicant shares in expenses but does not pay pro rata share.

6. PREMIUM COLLECTION SYSTEM DESCRIPTION:

a. Determining Eligibility and Amount of Premiums:

Counties will determine eligibility and the amount of premiums for individuals in the 250 percent WD program and report them to MEDS.

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b. Mailing of invoices:

When the county reports initial eligibility and the amount of premium, DHS will send an invoice and postage-paid envelope to the individual as soon as initial eligibility is reported on MEDS. The invoice will be for the current month of eligibility. DHS will also send a second invoice with amount of premiums due for all history months of eligibility (months in which eligibility is established prior to the current month of eligibility and reported to MEDS by the county).

Once the initial 250 percent WD eligibility is reported and for as long as the individual is not terminated from the program, DHS will generate and send monthly invoices and preaddressed postage paid envelopes to program eligibles based on the monthly premium amount reported to MEDS by the counties. Invoices will be mailed approximately on the 23rd of each month after MEDS renewal and will inform the individual that premiums are due by the 10th of the following month. Notices will include the monthly premium payment amount, the total premium amount due for the current month, and will reflect any credits made to the individual's account.

c. Collection of Premiums:

Premium payments will be returned to:

Department of Health Services
Recovery Section - PAU
MS 4720, Department 155
P.O. Box 997423
Sacramento, CA 95899-9917

The Recovery Section will process premiums as they are received. Premiums returned in the pre-addressed, color-coded envelope, with system-generated invoice will be posted within 24 hours of receipt. Premiums returned in any other envelope or without the system generated invoice must be researched and will be posted as soon as possible. If a partial premium for a month is received, it will be deposited and reported to MEDS. MEDS' program logic will be able to recognize both full and partial premiums allowing for multiple payments to be made for each month.

d. Discontinuance for Failure to Pay Premiums:

If full payments have not been paid for two consecutive months, DHS will send a timely Notice of Action (NOA), with appeal rights, to the individual informing him/her of discontinuance from the 250 percent WD program for failure to pay the required premiums. The NOA will also inform the beneficiary that the county will automatically evaluate eligibility under other Medi-Cal programs. DHS will update the MEDS record to show ineligibility and will notify the county via a worker alert of the discontinuance.

During the two month period of non-payment, individuals will continue to be eligible under the 250 percent WD program even though full premiums for these months have not been paid. MEDS will have an eligibility status code showing exception eligibility.

If a beneficiary is discontinued from the 250 percent WD program for failure to pay full premiums for two consecutive months, there will be a six-month penalty period. Should an otherwise eligible person wish to reenroll during the six-month penalty period, he or she will be required to pay the premium for the current month and the two transition months in which he or she was eligible for covered services, but failed to pay full premiums. If an otherwise

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eligible person wants to reenroll after the end of the penalty period, he or she is a new applicant and must prepay the premium for the first month of current eligibility.

e. **Discontinuance for Reason Other than Nonpayment of Premiums:**

If a beneficiary is discontinued from the program for reasons other than nonpayment of premiums and does not appeal the decision. He or she is again treated as a new applicant and will not receive covered services under the 250 percent WD program until eligibility is re-established and a new initial premium for one month is paid.

f. **Eligibility for History and Retroactive Months:**

History months are the months of eligibility beginning with the month of application and ending with the month prior to the month of current eligibility. These months are not a factor in determining whether a beneficiary has or has not paid premiums for two consecutive months. That is, even if the county reports eligibility for one or more history months, this coverage does not establish two months of exception eligibility nor are the nonpayment of premiums tracked to see whether the beneficiary is to be discontinued due to nonpayment of premiums.

Retroactive months are the months prior to the month of application. An individual may be eligible for three months of retroactive Medi-Cal benefits if otherwise eligible and if the applicable premium is paid for each month for which retroactive coverage is requested.

The nonpayment of premiums in one or more of the three retroactive months is not a factor in determining whether the beneficiary has failed to pay premiums for two consecutive months. Each retroactive month is a closed period on MEDS. For example, assume a beneficiary requests retroactive coverage for one or more months in the retroactive period. If the county establishes eligibility and reports this information to MEDS, DHS will generate and send invoices to the beneficiary for these retroactive months and there is no discontinuance or penalty period even if the beneficiary chooses not to enroll in these months.

7. **NOTICE OF ACTION:**

The CWD shall send notification in writing of the applicant's Medi-Cal eligibility status and notify beneficiaries of any changes in eligibility. The Notice of Action shall be issued for approvals, denials, changes in premium amounts, or discontinuance of eligibility for reasons other than nonpayment of the required premiums.

8. **BENEFITS IDENTIFICATION CARDS (BIC):**

Beneficiaries covered under the 250 percent WD program will be issued a BIC for medical services authorized by Medi-Cal

9. **FORMS:**

MC 338	250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS
MC 338.INSTR	INSTRUCTIONS 250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS
MC 338 A	SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS

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MC 338 B	250 PERCENT AND SSI/SSP INCOME TESTS WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
MC 338 C	SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULT AND CHILD APPLICANTS
MC 338 D	MEDI-CAL NOTICE OF ACTION-APPROVAL FOR BENEFITS AS A 250 PERCENT WORKING DISABLED INDIVIDUAL OR COUPLE (ENGLISH AND SPANISH)
MC 338 E	MEDI-CAL NOTICE OF ACTION-CHANGE OF PREMIUM AMOUNT IN THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
MC 338 F	MEDI-CAL NOTICE OF ACTION-DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
MC 338 G	250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION
MC 338 H	MEDI-CAL NOTICE OF ACTION-APPLICATION FOR RETROACTIVE ELIGIBILITY FOR THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
MC 338 J	PREMIUM DIFFERENTIAL WORKSHEET IN THE 250 PERCENT WORKING DISABLED PROGRAM

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State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Case name	Case number
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Applicant(s) name(s)

I. Income of Potential 250 Percent Individual or Couple and Income From the Ineligible Spouse With or Without Children

A. Nonexempt Unearned Income	(a) Individual or Couple Applicant(s)	(b) Ineligible Spouse
1. Applicant's retirement and survivor's social security. Do not include social security disability income.		
2. Social Security (RSDI) ineligible spouse.		
3. Net income from property.		
4. Other—itemize. Exempt any other disability income of applicant(s).		
5. Add lines 1 through 4 to get subtotal(s).		

STOP HERE and complete Sections II and III for the ineligible spouse. Then complete the remainder of this section for the applicant(s) and, if spousal deeming applies, complete the remainder for the ineligible spouse.

6. Allocation to ineligible children from ineligible spouse (Section II, line 5).		
7. Subtract line 6(b) from line 5(b). If minus, enter amount, without the minus sign, on line 12(b) and zero (0) on line 7(b). Otherwise, enter amount on line 7(b).		
8. Add unearned income from line 5(a) and, if spousal deeming applies, from line 7(b).		
9. Any income deduction.	-\$20	
10. Subtract line 9 from line 8 to get countable unearned income. If minus amount, enter amount, without minus sign, in instruction box on line 17.		

B. Nonexempt Earned Income

11. Enter gross earned income of applicant(s) and, if deeming applies, from ineligible spouse.		
12. Per line 7(b), unused portion of allocation to ineligible children.		
13. Subtract line 12(b) from line 11(b). If minus, enter zero.		
14. Add line 11(a) and line 13(b) to get combined earned income.		
15. Enter any IRWE of potential 250 percent applicant(s).		
16. Subtract line 15 from line 14.		
17. Enter \$65 earned income deduction plus \$ of unused \$20.		
18. Subtract line 17 from line 16.		
19. Divide line 18 by 2 to get countable earned income.		
20. Add line 10 and line 19 to get total countable income. Also enter this amount on Section IV, line 1.		

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II. Allocation to Minor Child(ren) from the Ineligible Spouse. DO NOT allocate from applicant(s). DO NOT include children on SSI/SSP or children eligible for the 250 Percent Program.

(Use additional sheet if more than three children.)	(a) Child One	(b) Child Two	(c) Child Three
1. Name.			
2. Standard SSI allocation.			
3. Enter ineligible minor child's gross income. Evaluate for student deduction. Allow student a \$400 monthly disregard from earned income, up to \$1,620 per year.			
4. Subtract line 3 from line 2 to determine the allocation to each child. Enter zero if a minus.			
5. Add columns 4(a), 4(b), and 4(c) to get allocation to ineligible children. Enter here and in Section III, line 4. \$ _____			

III. Ineligible Spouse Income Exemption Determination. This section used for evaluation purposes only.

1. Enter gross unearned amount for ineligible spouse from Section I, line 5(b).	
2. Enter amount of gross earned income of ineligible spouse.	
3. Add lines 1 and 2.	
4. Allocation to ineligible children entered from Section II, line 5.	
5. Subtract line 4 from line 3 to get remainder.	
6. If line 5 is less than the current standard SSI allocation, STOP. There is no spousal deeming. Do not complete any more boxes in Section I, column (b). If there is spousal deeming, complete Section I, column (b).	Please check (✓) one <input type="checkbox"/> Spousal deeming <input type="checkbox"/> No spousal deeming

IV. 250 Percent Income Eligibility Determination

1. Enter amount from Section I, line 20, rounded to nearest dollar.	
2. List 250 percent of the current federal poverty level (FPL). NOTE: If there is spousal deeming or a couple is applying, use the FPL for two. If only the income of the applicant is used, use the FPL for one.	
3. If line 1 is less than line 2, the applicant(s) (individual or couple) are eligible. If a couple is ineligible, redo form with only one applicant and an ineligible spouse.	

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State of California—Health and Human Services Agency

Department of Health Services

INSTRUCTIONS 250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Form MC 338, 250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program—ADULTS, is used to determine whether the ADULT applicant (individual) or applicants (couple) meet the income requirement for coverage under the 250 Percent Working Disabled program. This form is completed at the time of a new application, restoration, redetermination, change in income, or other circumstances affecting the income or correction of the income.

Instructions for Completion

Note: The term applicant includes a recipient for whom a redetermination is being completed.

Identification Section

Enter: Case name, case number, and the name of the applicant or names of both applicants if a couple is applying.

Net nonexempt income of ineligible spouses and ineligible children is determined in accordance with the provisions outlined in Title 22, Article 5 and current All County Welfare Directors Letters, except that no in-kind or support and maintenance income is counted; there is no \$50 child support disregard; ineligible children are allowed the student deduction from earned income.

Section I. Income of Potential 250 Percent Individual/Couple and Income of Ineligible Spouse With or Without Children

Note: In Section I, Column a is used for the applicant and Column b is used for the ineligible spouse, if applicable. If a couple is applying, the amounts in Column a are a combination of the couple's income.

A. Nonexempt Unearned Income

- Line 1. Enter any social security retirement and survivors insurance income of the applicant(s). Do NOT include any Title II disability income.
- Line 2. Enter any retirement, survivors, or disability insurance income of the ineligible spouse.
- Line 3. Enter any net income from property.
- Line 4. Enter all other unearned income. If there is unearned income based on the SSI in-kind support and maintenance requirement, enter that amount here. Do not count any other kinds of disability income of the applicant(s).
- Line 5. Add the amounts in Section I, Column a, lines 1, 3, and 4. This is a subtotal of gross unearned income of the 250 Percent applicant(s). Add the amounts in Section I, Column b, lines 2, 3, and 4. This is a subtotal of the gross unearned income of the ineligible spouse. Also enter the subtotal for the ineligible spouse in Section III, line 1.
 - Stop here and complete Sections II and III for the ineligible spouse to determine whether spousal deeming applies. If spousal deeming does not apply, do not complete the remainder of Column b for the ineligible spouse. Cross out boxes 6(b), 7(b), 11(b), 12(b), and 13(b) to ensure that no income of the ineligible spouse is combined with that of applicant(s).
 - Complete the remainder of this section for the applicant(s). If spousal deeming applies, complete the remainder of Column b for the ineligible spouse.
- Line 6. Enter on line 6(b) the total amount allocated to the minor child(ren) from the ineligible spouse. This amount is found in Section II, line 5. NOTE: Income can only be allocated from an ineligible spouse.
- Line 7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b). If line 7(b) is a minus figure, enter zero on line 7(b) and enter the amount (without the minus sign) on line 12(b). Otherwise, enter the actual amount onto line 7(b).
- Line 8. Add lines 5(a) and 7(b). This is the combined unearned income of the applicant(s) and if spousal deeming applies, that of the ineligible spouse.
- Line 9. No entry. This shows the \$20 any income deduction.
- Line 10. Subtract line 9 from line 8. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure without the minus sign, which is the unused portion of the \$20 any income deduction, on the blank line in the instruction box on line 17.

B. Nonexempt Earned Income

- Line 11. Enter the gross earned income.
- Line 12. This is the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income. (This amount was entered pursuant to line 7(b).)

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- Line 13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: Enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).
- Line 14. Add lines 11(a) and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if there is spousal deeming.
- Line 15. Enter any impairment related work expenses the potential applicant may have.
- Line 16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: Enter zero on line 16 if line 15 is greater than or equal to line 14.
- Line 17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
- Line 18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater than or equal to line 16, enter zero.
- Line 19. Divide line 18 by 2. The figure equals the countable earned income.
- Line 20. Add lines 10 and 19 and enter on line 20 and on line 1 of Section IV. This is the total countable income of the applicant(s).

Section II. Allocation to Minor Child(ren) from the Ineligible Spouse (Do NOT Allocate from Applicants)

- Line 1. Enter the name(s) of ineligible child(ren). Do not include any SSI/SSP child or children eligible for the 250 Percent Working Disabled program.
- Line 2. Enter the current year's standard SSI allocation which is the difference between the SSI federal benefit rate for a couple and for an individual. These amounts are sent out by DHS annually. If no child(ren), enter zero on line 5 and in Section I, line 6(b).
- Line 3. Enter the income amount for each child, excluding the student deduction (up to \$400 per month or \$1,620 per year from the student's earned income).
- Line 4. Subtract line 3 from line 2. This is the allocation to each ineligible child. Enter zero if a minus.
- Line 5. Total the allocation to each child. This is the total allocation to ineligible child(ren). Enter in Section III, line 4 and also complete all of Section III to determine whether this figure is also to be entered in Section I, line 6(b). If Section III, line 5 is less than the current year's standard SSI allocation, stop and do not enter in Section I, line 6(b). Otherwise, continue to complete Section I, Column (b).

Section III. Ineligible Spouse Income Exemption Determination

- Line 1. Enter gross unearned income of the ineligible spouse from Section I, line 5(b). Do not include public assistance.
- Line 2. Enter the gross earned income of the ineligible spouse.
- Line 3. Add and enter the total of lines 1 and 2.
- Line 4. Enter the allocation to ineligible minor children from Section II, line 5.
- Line 5. Subtract line 4 from line 3 to determine the ineligible spouse's net income.
- Line 6. If line 5 is less than the current standard SSI allocation amount, this income is exempt and there is no spousal deeming. Enter the federal poverty level (FPL) for one in Section IV, line 2. Check the box "No spousal deeming" on line 6.
DO NOT complete the remainder of Section I, column (b) and cross out lines 6(b), 7(b), 11(b), 12(b), and 13(b). Complete Section I, column (a) for the applicant.
If line 5 equals or is greater than the current standard SSI allocation amount, there is spousal deeming. Enter the FPL for two in Section IV, line 2. Check the box, "Spousal deeming" on line 6. Complete the remainder of Section I, including Column (b).

Section IV. 250 Percent Income Eligibility Determination

- Line 1. Enter the total countable income from Section I, line 20.
- Line 2. Enter 250 percent of the current federal poverty level (FPL). Enter the FPL for a family size of one if a single individual is applying or if there is no deeming from the ineligible spouse. If a couple is applying or there is spousal deeming, use the FPL for a family size of two.
- Line 3. If line 1 is less than line 2, the individual or couple is eligible for the 250 Percent Working Disabled Program. If line 1 is greater or equal to line 2 and the determination was for a couple, complete this form again for one member of the couple and make the other spouse an ineligible spouse.

Remaining Information

The eligibility worker must sign this form, enter his/her county number, if one exists, and the date this form was completed. Completion of the county use box is optional.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Case name	Case number
Applicant(s) name(s)	

Complete the MC 338 250 Percent Income Test Work Sheet before completing this form. Determine whether spousal deeming applies by reviewing Part III, line 6, of the MC 338. **Note: Earnings of the applicant are exempt.**

Complete Part I or Part II as appropriate.

Part I. Spousal Deeming Applies

1. Enter the amount from line 10, MC 338 to determine total countable unearned income.	
2. Enter the amount from line 13, MC 338, to determine ineligible spouse's earned income after allocation to ineligible children.	
3. Enter the amount from line 17, MC 338.	
4. Subtract line 3 from line 2. If a minus, enter zero.	
5. Divide line 4 by 2 to get ineligible spouse's net earned income.	
6. Add line 1 and line 5 to get total countable income. Enter in Part III, line 8. Enter the SSI/SSP payment level for two in Part III, line 9.	

Part II. Spousal Deeming Does Not Apply

7. Enter amount from line 10, MC 338, to get applicant(s) unearned income. Also, enter this amount in Part III, line 8.	
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Part III. SSI/SSP Income Test

8. This is the total income entered pursuant to Part I, line 6, or Part II, line 7.	
9. Enter the SSI/SSP payment level for: • one, if only a single applicant is applying or if an individual with an ineligible spouse is applying and spousal deeming does not apply, or • two, if a couple is applying or if an individual with an ineligible spouse is applying and spousal deeming applies.	
10. If line 8 is less than line 9, the applicant(s) are SSI income eligible. Otherwise, the applicant(s) are ineligible. If a couple is ineligible, redo with only one applicant.	

Eligibility Worker signature	Worker number	Computation Date	County Use
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MC 338 A (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT AND SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)

Case name	Case number
Applicant(s) name(s)	

Note: There is no deeming from an ineligible parent if there also is a parent in the home who is on SSI/SSP or in the 250 Percent Working Disabled Program. Net nonexempt income of ineligible parents and ineligible children is determined in accordance with the provisions outlined in Title 22, Article 5 and current All County Welfare Directors Letters, except that no in-kind or support and maintenance income is counted; there is no \$50 child support disregard; ineligible children are allowed the student deduction from earned income.

I. Income of Ineligible Parent(s) of Potential 250 Percent Child	
A. Nonexempt Unearned Income	Ineligible Parent(s)
1. Social Security (RSDI)	
2. Net income from property	
3. Other—itemize.	
4. Add lines 1 through 3.	
5. Allocation to ineligible child(ren) entered from Section II, line 5.	
6. Remainder. Subtract line 5 from line 4. If minus amount, enter zero on line 6 and the remainder without the minus sign in the instruction box on line 10.	
7. Any income deduction.	-\$20
8. Remainder. Subtract line 7 from line 6. If minus, enter amount without minus in instruction box on line 11 and zero on this line. This is countable unearned income. Enter on line 14.	
B. Nonexempt Earned Income	Ineligible Parent(s)
9. Gross earned income.	
10. Unused portion of allocation to ineligible child(ren) _____. Subtract from line 9.	
11. Add \$65 earned income deduction plus \$_____ amount of unused \$20 (any income deduction).	
12. Subtract line 11 from line 10.	
13. Divide by 2 to get countable earned income.	
14. This is countable unearned income from line 8.	
15. Add lines 13 and 14.	
16. Enter parental deduction. (FBR for one if one parent lives in the home or for two if both parents live in the home.)	
17. Subtract line 16 from line 15 for the Allocation to Potential 250 Percent child. If zero or negative, enter zero in Section III, line 1 and zero on this line. NOTE: If more than one child is applying, the allocation is prorated between the children.	

MC 338 B (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

II. Parental Allocation to Minor Child(ren) from Ineligible Parent(s). Do not allocate to children on SSI/SSP or children eligible for the 250 percent program. (Use additional sheets if more than three children.)

	(a) Child One	(b) Child Two	(c) Child Three
1. Name			
2. Standard SSI allocation			
3. Enter ineligible minor child's gross income. Evaluate for student deduction. Allow student a \$400 per month income disregard from earned income, up to \$1,620 per year.			
4. Subtract line 3 from line 2 to determine the allocation to each child. Enter zero if minus.			

5. Add columns 4a, 4b, and 4c to get allocation to ineligible children. Enter in Section I, line 5.

III. Determine Whether Child Meets 250 Percent Test and SSI/SSP Test

A. Child's Net Nonexempt Unearned Income	Child
1. This is the allocation from ineligible parent(s) from Section I, line 17.	
2. Enter child's social security income (do NOT include social security disability income).	
3. Enter other unearned income, excluding any other disability income.	
4. Add lines 1 through 3.	
5. Any income deduction.	\$20
6. Subtract line 5 from line 4. If a minus, enter amount without minus in instruction box line 9 and zero on this line. Amount on line 6 is net nonexempt unearned income. Enter on line 12 and line 17.	
B. Child's Net Nonexempt Earned Income	Child
7. Child's gross earned income.	
8. Subtract dollar amount of IRWE and student deduction.	
9. Add \$65 and _____ of the unused portion of the \$20 any income deduction.	
10. Subtract line 9 from line 8. If a minus, enter zero.	
11. Divide line 10 by 2 to get net nonexempt earned income.	
12. Net nonexempt unearned income from line 6.	
13. Add line 11 and line 12 to get total net nonexempt income.	
14. List 250 percent of the current federal poverty level for one.	
C. 250 Percent Test	
15. If line 13 is less than line 14, the child meets the 250 percent income test.	
D. SSI/SSP Test—Note: Child's earnings are exempt.	
16. Enter the SSI/SSP payment level for one.	
17. Net nonexempt unearned income from line 6.	
18. If line 17 is less than line 16, the child meets the SSI/SSP income test.	

Eligibility Worker signature	Worker number	Computation date	County Use

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM ADULTS AND CHILD APPLICANTS

Case name	Case number
Applicant(s) name(s)	

Property is defined under Article 9, Title 22, except that resources in the form of retirement arrangements of the working disabled applicant are exempted. Complete Part I or Part II as appropriate.

I. Applicant(s) Are Adults	
1. Enter only the net nonexempt property of the applicant and spouse. Do not consider the property of any other family members in the home.	\$
2. Enter the property limit for one person if there is no spouse or for two persons if there is a spouse.	\$
3. If line 1 is less than or equal to line 2, the property requirement is met.	\$
II. Applicant Is a Child Who is Unmarried and Under Age 18	
A. Parental Allocation Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.	
4. Enter parent(s) net nonexempt property.	\$
5. Enter the property limit for one person if only one parent is in the home or for two if two parents are in the home.	\$
6. Subtract line 5 from line 4. Enter zero if a minus. This is the total allocation.	\$
7. Divide line 6 by the number of 250 percent working disabled children in the home to get each applicant child's share.	\$
B. Child's Net Nonexempt Property	
8. Enter child's own net nonexempt property.	\$
9. Enter the child's share from line 7.	\$
10. Add line 8 and line 9 to get child's net nonexempt property.	\$
11. Enter the property limit for one.	\$
12. If line 10 is less than or equal to line 11, the property requirement is met.	\$
III. Child in Section II Is Ineligible (e.g., Attainment of Age 18 or There is Property Ineligibility) and There Are Additional 250 Percent Child Applicants.	
13. Take the total allocation of the property deemed from the parent(s) in line 6 and redivide it among the remaining 250 percent child applicants in the home.	\$
14. Repeat section II B for each of the remaining children.	\$

Eligibility Worker signature	Worker number	Computation date	COUNTY USE
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MC 338 C (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS AS A 250 PERCENT WORKING DISABLED INDIVIDUAL OR COUPLE

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

District: _____

This affects: _____

(Name)

We have reviewed your application/case to see if you are eligible for the 250 Percent Working Disabled program. This program allows eligible individuals and couples to pay premiums for full coverage under Medi-Cal.

We have determined that beginning ____/____/____, you meet the basic eligibility requirements for the 250 Percent Working Disabled program. However, before Medi-Cal can begin to cover your medical expenses under this program, you must pay the first continuous month's premium.

If you already have a plastic Benefits Identification Card (BIC), this card will be used for this program. If you do not already have a BIC card, you will receive one soon. Do not throw this card away. This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

The amount of your monthly premium is \$_____. This is based on your net nonexempt income of \$_____. We have not counted your disability income in making this determination.

You will receive an invoice from the California Department of Health Services (DHS) with a preaddressed, color-coded, postage-paid envelope for you to use in making this payment. **PLEASE ATTACH THE INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND YOUR CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.**

To continue your enrollment under this program, you must pay the monthly premium that is due. Each month, DHS will send you a monthly invoice with a preaddressed postage-paid envelope. Your premium payment is due by the fifth of the following month.

This action is required by All County Welfare Directors' Letter 00-16.

Si Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

Eligibility Worker

Phone

Date

MC 338 D (1/01)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS COMO PERSONA O PAREJA INCAPACITADA QUE TRABAJA UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Distrito: _____

Esto afecta a: _____

(Nombre)

Hemos evaluado su solicitud/caso para determinar si usted reúne los requisitos para el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*). Este programa permite a las personas y parejas que reúnen los requisitos que paguen primas para cobertura completa bajo el programa de Medi-Cal.

Hemos determinado que a partir del ____ / ____ / ____, usted reúne los requisitos básicos de elegibilidad para el programa de Incapacitados que Trabajan un 250 Por Ciento. Sin embargo, antes de que el programa de Medi-Cal pueda comenzar a cubrir sus gastos médicos bajo este programa, usted tiene que pagar la prima del primer mes continuo.

Si usted ya tiene una Tarjeta de Identificación de Beneficios de plástico (*BIC*), esta tarjeta se utilizará para este programa. Si usted todavía no tiene una *BIC*, pronto recibirá una. No tire esta tarjeta. Esta tarjeta es válida mientras usted reúna los requisitos del programa de Medi-Cal. Lleve esta tarjeta de plástico consigo cuando solicite servicios médicos de su doctor(a) u otro proveedor de Medi-Cal.

La cantidad de su prima mensual es de \$ _____. Ésta se basa en sus ingresos netos no exentos de \$ _____. Al tomar esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

Usted recibirá una factura del Departamento de Servicios de Salud de California (*California Department of Health Services—DHS*) con un sobre de un color clave, rotulado previamente y con franqueo pagado, para que lo utilice al hacer su pago. **POR FAVOR, ADJUNTE LA FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.**

Para continuar su inscripción en este programa, usted tiene que pagar la prima mensual que se debe. Cada mes, el *DHS* le enviará una factura, con un sobre rotulado previamente con franqueo pagado. El pago de su prima se vence el quinto día del siguiente mes.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

Trabajador(a) de elegibilidad

Teléfono

Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN

MC 338 D (SP) (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION CHANGE OF PREMIUM PAYMENT AMOUNT IN THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

Change in premium for: _____

(Names)

Your premium for enrollment in the 250 Percent Working Disabled program has been changed to \$ _____ per month beginning _____. The Department of Health Services (DHS) will put this new amount on your invoice.

The amount of your monthly premium is based on your net nonexempt income of \$ _____. We have not counted your disability income in making this determination.

PLEASE BE SURE TO ATTACH YOUR INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND YOUR CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.

To continue your enrollment under this program, you must pay the monthly premium that is due. Each month, DHS will send you a monthly invoice with a preaddressed, postage-paid envelope. Your premium payment is due by the fifth of the following month.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 E (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL CAMBIO DE LA CANTIDAD DEL PAGO DE LA PRIMA EN EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Cambio de prima para: _____

(nombres)

Su prima de inscripción en el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*) se ha cambiado a \$ _____ al mes, a partir del _____. El Departamento de Servicios de Salud de California (*California Department of Health Services—DHS*) pondrá esta nueva cantidad en su factura.

La cantidad de su prima mensual se basa en sus ingresos netos no exentos de \$ _____. Al hacer esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

POR FAVOR, ASEGÚRESE DE ADJUNTAR SU FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.

Para continuar su inscripción en este programa, usted tiene que pagar la prima mensual que se debe. Cada mes, el *DHS* le enviará una factura, con un sobre rotulado previamente con franqueo pagado. El pago de su prima se vence el quinto día del siguiente mes.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
District: _____
Worker number: _____
Worker telephone: _____
Worker hours: _____
Discontinuance from the 250 Percent Working Disabled
program for: _____
(names)

We have reviewed all information about your payment of premiums in the 250 Percent Working Disabled program and have determined that you have not paid the required premiums for **two months**.

Your enrollment in the 250 Percent Working Disabled program will be discontinued, effective the last day of _____.

If you have any questions about your premium payments, you may call the Department of Health Services, Third Party Liability Branch, at (916) 324-4162.

If you are eligible for Medicare, this means that _____ is the last month the
(month)

State will pay your premium for Part B Medicare supplementary insurance coverage. You will receive a written notice from the Social Security Administration, or you may call your Social Security district office if you have questions about your Medicare status.

This discontinuance action does not affect your eligibility for any other Medi-Cal program. You will receive another notice from your county Department of Social Services concerning any other Medi-Cal coverage for which you may be eligible. If you have any questions about such eligibility, please write or telephone your county eligibility worker.

DO NOT THROW YOUR PLASTIC ID CARD AWAY. You can use it again if you become eligible for Medi-Cal in the future.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 F (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL DESCONTINUACIÓN POR NO PAGAR LAS PRIMAS COMPLETAS EN EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Distrito: _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Descontinuación del programa de Incapacitados que _____

Trabajan un 250 Por Ciento de : _____

(nombres)

Hemos evaluado toda la información acerca de su pago de primas en el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*), y hemos determinado que usted no ha pagado las primas requeridas por **dos meses**.

Su inscripción en el programa de Incapacitados que Trabajan un 250 Por Ciento se discontinuará, a partir del último día de _____.

Si usted tiene alguna pregunta sobre los pagos de sus primas, puede llamar a la Sección de Responsabilidad de Pago de Terceros, del Departamento de Servicios de Salud, al (916) 324-4162.

Si usted reúne los requisitos del programa de Medicare, esto significa que _____ es el último (mes)

mes en que el estado pagará la prima de la cobertura de seguro suplementaria de la Parte B de Medicare. Usted recibirá una notificación por escrito de la Administración del Seguro Social, o si tiene alguna pregunta sobre su situación en lo que respecta a Medicare, puede llamar a la oficina del Seguro Social del distrito.

Esta acción de discontinuación no afecta su elegibilidad para ningún otro programa de Medi-Cal. Usted recibirá otra notificación del Departamento de Servicios Sociales de su condado, con respecto a cualquier otra cobertura de Medi-Cal para la que posiblemente usted reúna los requisitos. Si tiene alguna pregunta sobre dicha elegibilidad, por favor escriba o llame por teléfono al/a la trabajador(a) de elegibilidad de su condado.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO. Usted puede utilizarla de nuevo, si en el futuro vuelve a reunir los requisitos para el programa de Medi-Cal.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 F (SP) (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION

There are two steps for coverage under the 250 Percent Working Disabled program. First, you must meet the eligibility requirements, such as California residency and the income and property tests. Second, after you are determined eligible, you must pay a monthly premium payment amount to be **enrolled** so that this program can cover services. This program requires the payment of premiums just like an insurance program, even if there are no services expected to be received in a month.

Eligible couples pay a combined monthly premium to be enrolled. If a couple is enrolled, all payments are applied to each one. The payment cannot be designated for one individual.

Payments received by the Department of Health Services are to be applied to the oldest month with an unpaid balance.

The County Department of Social Services (CDSS) determines eligibility and the amount of the premium. If you are eligible, the CDSS reports this information to the California Department of Health Services (DHS). DHS will be the agency that sends the invoices (bills) to you.

Enrollment in the 250 Percent Working Disabled program does not preclude individuals from Personal Care Services program eligibility.

Here are the rules for enrolling and for staying enrolled.

Enrollment

1. **New Coverage for Current Month:** When the county reports new eligibility and the premium amount for the current month to DHS, DHS will send the newly eligible individual an invoice listing the premium amount due, along with a color-coded, preaddressed, postage-paid envelope to return the premium and invoice to DHS. A new applicant must pay the premium for the current month before he/she can be enrolled for current and future coverage. Eligible couples will have a combined premium which must be met in full before either individual is enrolled.

If a new applicant does not pay the current premium within two months, he/she will be discontinued from this program and no additional invoices will be sent to him/her. DHS will send the individual a notice of action and will alert the county to the discontinuance.

2. **Retroactive Coverage:** An individual may request an eligibility determination from the county for any or all of the three months prior to the month of application. These months are called retroactive months. If an individual is determined eligible for any or all of those months, the county will report eligibility and premium amounts to DHS. DHS will send the eligible individual an invoice listing the premium amounts and a preaddressed, color-coded, postage-paid envelope.

When the individual receives the retroactive invoice, he/she can then decide whether to submit the premium(s). If the individual wants to be enrolled for coverage in any of those retroactive months, he/she first must pay the premium for each such month.

Nonpayment of these premiums does not affect enrollment for current or future months.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. **History Months:** There will be instances where eligibility cannot be determined immediately by the county during the month of application, (e.g., when a disability determination is being conducted). The months between the month of application and the month in which the county approves the case are referred to as history months. Once the county completes the eligibility determination, the county will report to DHS the history months in which there is eligibility and the amount of the premiums for these months. DHS will send the individual an invoice with the premium amounts for the history months along with a preaddressed, color-coded, postage-paid envelope.

If the individual wants to be enrolled for coverage in any or all of those history months, he/she first must pay the premium for each such month. When the individual receives the net history months invoice, he/she can then decide whether to submit the premium(s). Nonpayment of these premiums does not affect enrollment for current or future months.

Payment Information

4. When making a payment, it is very important that you:
- Put your name, address, and Client Index number (which is found on the invoice) on your check or money order so DHS can immediately credit it to your account; *and*
 - Attach the invoice to the payment and return BOTH the payment and the invoice in the color-coded envelope to DHS.

This will ensure expedited processing of your premium payment.

Please do not send your payment in cash.

5. Payments will be due by the fifth of the next month.
6. There will be a \$25 charge if a check is returned for such reasons as insufficient funds in the individual's checking account.
7. A beneficiary will be discontinued from this program for failure to pay full premiums for two months. If you are discontinued, your CDSS will evaluate you for other Medi-Cal programs.
8. If a beneficiary is discontinued for failure to pay full premiums for two months, the following occurs:
- The individual will be treated as a new applicant if he/she wants to reenroll and must contact the county for this to occur. The county will have to redetermine/reestablish eligibility and report to DHS.
 - He/she will have a six-month penalty period as follows:
 - If the individual wants to reenroll during the six-month penalty period, he/she will have to pay the premium for the first month of current coverage, the past due premiums for the two months when full premiums were not paid.
 - If the beneficiary wants to reenroll after the six-month penalty period, he/she will have to pay the premium for the first month of current coverage.

Individuals with questions about their eligibility or the amount of their premium should call their county eligibility worker. Questions about the payments that have been made should be directed to the DHS Premium Collection Unit at (916) 322-0019.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION APPLICATION FOR RETROACTIVE ELIGIBILITY FOR THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

This affects: _____

(names)

We have reviewed all information available to us about your circumstances and find that effective for the month(s) of _____, you meet the basic eligibility requirements for retroactive coverage under the 250 Percent Working Disabled program. You are responsible for making premium payments for each month in which you want to be enrolled for retroactive coverage.

The amount of your monthly premium for _____ is \$ _____.

The amount of your monthly premium for _____ is \$ _____.

The amount of your monthly premium for _____ is \$ _____.

This is based on your net nonexempt income of \$ _____. We have not counted your disability income in making this determination.

You will receive an invoice for these months from the Department of Health Services (DHS) with a pre-addressed, color-coded, postage-paid envelope for you to use in returning your premium payment to DHS.

You may choose to be enrolled for any or all of these retroactive months. You must indicate which month(s) you wish to be enrolled in and pay that month's premium before you are covered for that month(s).

PLEASE ATTACH THE INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.

Take your plastic card to each medical provider where you received services in the above month(s). If you have paid your premium(s) for these retroactive months, your plastic card will show your provider that you are enrolled.

This action does not affect your application for current and ongoing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone us at _____.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 H (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL SOLICITUD PARA LA ELEGIBILIDAD RETROACTIVA PARA EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

(nombres)

Hemos evaluado toda la información a nuestra disposición acerca de sus circunstancias, y hemos determinado que a partir del/de los mes(es) de _____, usted reúne los requisitos básicos de elegibilidad para cobertura retroactiva bajo el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*). Usted es responsable de hacer los pagos de las primas de cada mes durante el cual usted desea estar inscrito(a) para cobertura retroactiva.

La cantidad de su prima mensual para _____ es de \$ _____.

La cantidad de su prima mensual para _____ es de \$ _____.

La cantidad de su prima mensual para _____ es de \$ _____.

Esto se basa en sus ingresos netos no exentos de \$ _____. Al tomar esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

Usted recibirá una factura del Departamento de Servicios de Salud de California (*California Department of Health Services—DHS*) con un sobre de un color clave, rotulado previamente y con franqueo pagado, para que lo utilice al enviar su pago al *DHS*.

Usted puede elegir estar inscrito(a) para cualquier o todos estos meses retroactivos. Usted tiene que indicar qué mes(es) desea estar inscrito(a), y pagar la prima de ese mes, antes de que esté cubierto(a) para ese(os) mes(es).

POR FAVOR, ADJUNTE LA FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.

Lleve su tarjeta de plástico a cada proveedor médico de donde recibió servicios en el/los mes(es) indicado(s) anteriormente. Si usted ha pagado su(s) prima(s) por estos meses retroactivos, su tarjeta de plástico le demostrará a su proveedor que usted está inscrito(a).

Esta acción no afecta su solicitud para recibir beneficios actuales o continuos de Medi-Cal. Si usted tiene alguna pregunta sobre esta acción, o si hay más información sobre sus condiciones, que usted no nos ha reportado, por favor escribanos o llámenos al _____.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 H (SP) (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

PREMIUM DIFFERENTIAL WORK SHEET IN THE 250 PERCENT WORKING DISABLED PROGRAM

Case name	Case number
Applicant(s) name(s)	

This form is used to determine the impact of spousal or parental deeming on the premium being charged a 250 Percent Working Disabled (WD) beneficiary. Any increase in premium due to such deeming is an income deduction against the income of the spouse or parent(s) in computing their eligibility or share-of-cost in other Medi-Cal programs.

This determination is not completed if there is no spousal or parental deeming. NOTE: Parental deeming stops in the month after a child turns age 18.

I. Premium Based on Spousal or Parental Deeming

If the 250 Percent beneficiary is an adult, complete the MC 338 with spousal deeming. If the beneficiary is a child under age 18 or in the month of his/her 18th birthday, complete the MC 338 B with parental deeming.

1. Enter total countable income from Section I, line 20 of the MC 338 or Section III, line 13 of the MC 338 B. _____
2. Enter the amount of the premium based on income on line 1. _____

II. Premium Without Spousal or Parental Deeming

Complete the following for only the beneficiary:

3. Enter amount of retirement and survivors social security. Do not include any disability income. _____
4. Enter any other unearned income, including net income from property. _____
5. Add lines 3 and 4. _____
6. Subtract the \$20 any income deduction to get **net nonexempt unearned income**. (-\$20) _____
7. Enter gross earned income. _____
8. Subtract \$_____ of IRWE. _____
9. Add \$65 and \$_____ of any unused portion of the any income allocation and enter. _____
10. Subtract line 9 from line 8. Enter zero (0) if a minus. _____
11. Divide line 10 by 2 to get **net nonexempt earned income**. _____
12. Add amount from line 6 to get **total net nonexempt income**. _____
13. Enter premium amount based on line 12. _____

Premium Differential

Subtract line 13 from line 2. Enter zero (0) if a minus. _____

This is the amount of the income deduction to be applied against the income of the deemor(s). _____

MC 338 J (1/01) (250% WD Program Premium Differential)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5S – SECTION 1931(b) PROGRAM

A. BACKGROUND

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193) established a new mandatory coverage group at Section 1931(b) of the Social Security Act. Section 1931(b) requires that Medi-Cal be provided to low-income families, who meet the provisions of the July 16, 1996, Aid to Families with Dependent Children (AFDC) State plan requirements for income, resources and deprivation, (income and resources subject to modification at State option). PRWORA also deleted many of the requirements for establishing deprivation based on unemployment and allows States to modify some changes to the definition of unemployment.

Section 161 of AB 1542 (Chapter 270, Statutes of 1997) established the California Work Opportunity and Responsibility to Kids (CalWORKs) program and provided that it was to be implemented January 1, 1998. This law also provided that to the extent federal financial participation is available, the Department of Health Services shall extend eligibility for health care services under Medi-Cal to all recipients of aid under CalWORKs. This law adopted Section 14005.30 of the Welfare and Institutions (W&I) Code and also established Section 1931(b)-only for families who met the former AFDC rules.

For purposes of establishing requirements for the Section 1931(b) group, the July 16, 1996, AFDC provisions have been modified as of January 1, 1998, to the extent possible as permitted by PRWORA, in order to align the Section 1931(b) program with CalWORKs. Therefore, former AFDC rules will be referred to as the Section 1931(b) rules.

B. PURPOSE OF THE SECTION 1931(b) PROGRAM

It is important to determine eligibility under the Section 1931(b) because:

1. Families that are discontinued from CalWORKs or Section 1931(b) due to excess earnings from employment or increased child/spousal support are eligible for either the Transitional Medi-Cal (TMC) or the Four-Month Continuing program. Medically Needy (MN) persons are not.
2. Recipients may work over 100 hours and remain eligible if the family income is below the limit.
3. There are no time limits under this program. Families not eligible for CalWORKs solely because the time limit on their CalWORKs eligibility has expired qualify for the Section 1931(b) program.
4. Families may choose to separately apply for the Section 1931(b) program because they do not wish to be CalWORKs recipients or because they are not eligible for CalWORKs.
5. A family may not be eligible for CalWORKs but may be eligible for the Section 1931(b) program due to certain less restrictive AFDC rules which continue to apply to the Section 1931(b) program but are no longer applicable to CalWORKs. For example, families who have too much income to qualify for CalWORKs, but who have deductible child care costs, may qualify for the Section 1931(b) program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTE: Persons who are not eligible for CalWORKs such as those who are GAIN sanctioned, fleeing felons, and aliens without satisfactory immigration status are eligible for Section 1931(b) without a separate determination if other family members remain eligible for CalWORKs. Exceptions are (1) non-needy caretaker relatives whose income is not considered by CalWORKs and (2) a minor mother when she and her child are living with a senior parent. The minor mother is ineligible due to the senior parent's income and/or resources; but the minor's baby is eligible for CalWORKs. These persons must have a regular 1931(b) determination.

C. IMPLEMENTATION DATES

New Applications: All new Medi-Cal applications for families and children were to be evaluated for the Section 1931(b) program beginning no later than January 1, 1999. As counties handled these cases, they were to be evaluated for current and future Section 1931(b) eligibility.

Ongoing Cases: Because CalWORKs was effective January 1, 1998, the new Section 1931(b) provisions also went into effect on January 1, 1998. For this reason, retroactive eligibility for all AFDC-MN, MI children, federal poverty level cases with infants and children and Aid Code 38 (Edwards) with or without a share of cost (SOC) were evaluated back to January 1, 1998. This was important in the event eligibility for Transitional Medi-Cal needs to be established at a later date.

Counties were to complete their evaluation of Aid Code 38 cases for Section 1931(b) eligibility by April 30, 1999. Counties were to complete their evaluation of all other cases for Section 1931(b) within one year, i.e., no later than December 31, 1999.

Those MFBUs which had a SOC in a retroactive month but had no SOC for the month after the Section 1931(b) evaluation were entitled to:

1. Having future SOC amounts adjusted; or
2. Seeking reimbursement from the provider.

Counties were to follow procedures outlined in Medi-Cal Procedures Manual Section 12-C (Processing Cases When a SOC Has Been Reduced Retroactively).

D. SECTION 1931(b) ELIGIBILITY REQUIREMENTS

Persons applying separately for the Section 1931(b)-only program must first meet residency, age, deprivation, and family requirements. After these non-financial requirements have been met, persons must meet the income and property financial requirements.

1. DEPRIVATION

Unemployed Parent

The MN and Section 1931(b) programs follow similar rules for determining the unemployed parent as in the former AFDC program. The principal wage earner (PWE) is the parent who has earned the greater amount of income in the 24-month period immediately preceding either of the following: (1) The month of application, reapplication or restoration or (2) the date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent. (See Section 50215(c). The only exception to this rule is if the PWE is unemployed, becomes incapacitated, and then returns to work. The PWE is not redetermined. Section 1931(b) will continue to follow these rules. Therefore, if an absent parent returns to the home, deprivation may no longer exist if the PWE is not unemployed or a parent is not incapacitated.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The deprivation rules for the Section 1931(b) program are the same as those for the medically needy (MN) program with the following exceptions:

The 100-Hour Rule:

The 100-hour rule requirement that the unemployed parent PWE work less than 100 hours in a month for unemployment to exist applies to applicants for Section 1931(b) and to applicants and beneficiaries applying for or receiving coverage under the AFDC-MN program. However, as of March 1, 2000, the definition of unemployment was expanded. If the PWE works 100 hours or more, but the parents or parent and spouse's earned income is not more than 100 percent of the federal poverty level, the PWE is still determined to be unemployed. (AB 1107, Chapter 146, Statutes of 1999, Section 14008.85). Note: Effective May 1, 2001, all earned income of the children in the family is exempt in this determination. Only the net nonexempt earned income of the parents or the parent and the parent's spouse will be counted.

The 100-hour rule does not apply to Section 1931(b) PWE recipients. A recipient for purposes of disregarding the 100-hour rule is a person who receives Section 1931(b) the month after the person became eligible as an applicant and who has no break in eligibility or change in deprivation whether he/she received CalWORKs or Section 1931(b)-only in that prior month. If the family did not return requested information from the county such as the MC 210E and did not have good cause for the termination to be rescinded, the PWE must be redetermined as he/she is not considered a recipient. For more information, see Article 5C.

2. Pregnant Women

- (a) A pregnant woman in her last trimester (last four months) who has no other eligible children (but the unborn who when born would be deprived) may not be aided under the Section 1931(b) program until her last trimester which is defined by the CalWORKs program as the last four months of pregnancy. If the father of the unborn is living in the home, he may not be aided under this program until the baby is born and the baby is deprived. The father can be aided under the Medically Needy (MN) program because he has linkage. The spouse's income is counted in the Section 1931(b) Medi-Cal Family Budget Unit (MFBU) of the pregnant woman and the unborn, even though he is an ineligible member of that MFBU until the child is born. The unmarried father may be an ineligible member of the MFBU or opt out of the MFBU if he provides information (when required) to establish deprivation for the unborn.
- (b) If the pregnant woman is in her first or second trimester, the unborn may be counted in the maintenance need prior to the last trimester if there are other deprived children. For more information on the MFBU, see Article 8G.

3. The Definition of a Child

Section 1931(b) children are only covered up to their eighteenth birthday except that children up to age 19 may be covered if they are attending school as discussed in the next sentence. As in the former AFDC program, a child 18 years of age is eligible only if he/she is enrolled as a full-time student (as defined by the school) in high school, or if he/she has not completed high school, is in a vocational or technical training program which cannot result in a college degree, provided he/she can reasonably be expected to complete either program before reaching age 19. If the applicant is considered an adult and has a deprived child in the home, the applicant may apply separately from the senior parent even if the senior parent is in the home as long as the senior parent does not have care and control of the minor's child.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. Deprived Child With No Share of Cost

To be eligible for Section 1931(b), there must be at least one deprived child in the family who is eligible for any no cost Medi-Cal program, e.g., PA, 1931(b), MN, MI, CE, CEC, Bridging, or the Percent programs. If the only eligible child has a share of cost (SOC), the parent is not eligible for Section 1931(b).

5. Essential Stepparent

A stepparent may be aided as an "essential person" in the Section 1931(b) program which is similar to rules under the former AFDC and the current CalWORKs program regardless of whether he/she has deprived children or non deprived mutual children of his or her own. His/her linkage may be based only on the fact he/she is a spouse of a parent who has a separate child deprived by an absent parent. The MN program only allows a stepparent to be linked if he/she is a spouse of a parent who has a separate child who is deprived by that parent's incapacity. However, regardless of whether or not the stepparent wishes to be aided under Section 1931(b), he/she is included in the budget unit as an eligible or ineligible person depending on his/her choice. The exception would be when only the separate children of the parent wish to be aided and the parent does not. The parent is an ineligible member of the MFBU. The stepparent would not be in the budget unit; however, the parent would deem some income to the stepparent and any mutual children. This is also similar to the MN program.

6. Adult Parent, Minor Child, and Caretaker Relative Living in the Home

The CalWORKs program will allow an otherwise eligible adult parent, his/her minor child, and a caretaker to all be aided when they reside in the same home. The parent is still financially responsible even if the caretaker has care and control. Therefore, we will follow those rules for the Section 1931(b) program. However, the MN program (Section 50085 of the California Code of Regulations) does not aid a caretaker relative if there is an adult parent and his/her minor child in the home.

7. MFBU COMPOSITION

The (Medi-Cal Family Budget Unit) MFBU, including unborans, for Section 1931(b) shall be the basic unit for persons considered in determining an individual's or family's eligibility and share of cost. Note: Sneede is applicable to the Section 1931(b) determination.

A family (or an individual, if Sneede applies) must pass both the property and income tests specified below in order to meet the financial eligibility requirements of Section 1931(b). More information about MFBU composition for Section 1931(b) is provided in Section 8G.

8. INCOME

A family's countable income must be less than the Section 1931(b) income limit for that size family in order for the family to be income eligible for the Section 1931(b) program. A family cannot become eligible for Section 1931(b) by meeting their share of cost since Section 1931(b) has no share of cost process. A family's countable income is determined by subtracting certain income exclusions from the family's gross income. If the family is not income eligible for Section 1931(b), they should be evaluated for the AFDC-MN program or any other Medi-Cal program for which they may be eligible.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

To meet federal and state law requirements, the Section 1931(b) program must provide income eligibility for a family or individual who would meet either the income eligibility criteria of the CalWORKs program or the former AFDC program. While most of the income rules for the CalWORKs program are unchanged from those of the former AFDC program, there are instances where CalWORKs rules have changed or are dissimilar from a corresponding AFDC rule. In these instances, the Section 1931(b) program adopts the more liberal of the two corresponding rules. Except for these changes, the computation of net nonexempt income for the Section 1931(b) program is very similar to AFDC and the Medi-Cal AFDC-MN program computations of net nonexempt income. More information on income will be provided in future procedures under Income. Counties should review the appropriate All County Welfare Director's Letters (ACWDLs).

9. PROPERTY

PRWORA requires that the property methodologies of the Section 1931(b) program be no more restrictive than the rules of the former AFDC program as in effect July 16, 1996. State law requires that the Section 1931(b) regulations be expanded to ensure that all CalWORKs recipients are eligible for Medi-Cal under Section 1931(b). The CalWORKs program is using the Food Stamps property rules for personal property, motor vehicles and property limits, but is using the rules of the former AFDC program for real property. Generally, personal property shall be determined, defined, counted, and valued in accordance with the Food Stamps rules while real property shall be determined, defined, counted and valued in accordance with the July 16, 1996 AFDC rules.

The property limits are based on those in CalWORKs, i.e., the Food Stamps limits since they are higher than the limit in the July 16, 1996 AFDC program. The property limit is \$3,000 for MFBUs of one. For all other family sizes, the Medically Needy resource limits are used. More information about property rules may be reviewed in ACWDLs on this subject and future procedures under Property.

Note: A family which is not eligible for the Section 1931(b) program only because it had excess income or property should be evaluated for eligibility for the MN program which, for some families, has less restrictive financial eligibility requirements.

10. NON-FINANCIAL INELIGIBILITY FOR CalWORKs

CalWORKs looks at the entire family's income and resources in terms of evaluating a child's continued eligibility for CalWORKs. If a child is eligible for CalWORKs, but the parents are not aided for a non-financial reason such as time limits, then the parents still meet the Section 1931(b) requirements which do not impose time-limit requirements. This means the parents can be put into Section 1931(b) aid codes (as described below) without a separate Medi-Cal-Only determination. Counties may find it easier to allow CalWORKs workers to put parents into Section 1931(b) without a separate Medi-Cal determination or a separate Medi-Cal case.

E. AID CODES FOR THE SECTION 1931(b) PROGRAM

Aid Code 3N: [(1931(b).] Individuals who are not CalWORKs recipients but who meet the Section 1931(b) requirements will be identified on Medi-Cal Eligibility Data System (MEDS) under Aid Code 3N which will provide full-scope benefits with no share of cost (SOC).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Aid Code 3V: (1931(b)-Only - Restricted). Not Qualified Aliens who are not CalWORKs recipients but who meet the Section 1931(b) requirements will be identified on MEDS under Aid Code 3V which will provide benefits restricted to pregnancy-only and emergency services with no SOC.

These aid codes will not roll into Aid Code 38 when terminated.

F. SNEEDE REQUIREMENTS

The requirements of the Sneede lawsuit apply to the Section 1931(b) determination. That is, there is a mandatory exception to using the modified July 16, 1996 AFDC methodology. This exception relates to the Medi-Cal Sneede lawsuit which limits financial responsibility to a spouse for a spouse or a parent for a child. Such prohibitions did not exist in the AFDC program, but the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) indicated that Sneede must apply to the Section 1931(b) program as it does for all other Medi-Cal programs.

This means that if a family is determined ineligible for Section 1931(b) rules because of excess property or failure to meet the MBSAC income test, Sneede provisions apply if there is a Sneede class member.

Generally, the same Sneede methodology used in the regular Medi-Cal program is followed under Section 1931(b) except for the following:

Income exceptions: Under regular Sneede, deductions for the aged, blind, and disabled are applicable. These deductions are not permitted in the Section 1931(b) Sneede determination. Under regular Sneede, the SOC is based on the Maintenance Need Income Level (MNIL) (or prorated amount), and a parental needs amount of \$600 (which relates to the MNIL for one) is allowed for the parent before the parent allocates to others for whom that parent is responsible. Under Section 1931(b) Sneede, income eligibility is based on the MBSAC minus \$1 (or its prorated amount) and the parent is allowed a \$389 parental needs deduction as of July 1, 1999 (which relates to the MBSAC for one as specified in the AFDC Title IV-A State Plan in effect on July 16, 1996) before allocating to others. This amount changes based on the CalWORKs income limit.

Note: The \$240 deduction and the "½" earned income deduction are not applied to applicants; however, under Sneede, each recipient may receive these deductions if applicable, which is similar to regular Sneede rules described in Section 8F of the Medi-Cal Eligibility Procedures Manual. As of March 1, 2000, recipients had a choice between the \$240 and ½ deduction and the current 1931(b) income limit (Alternative A) or a \$90 deduction and an income limit of 100 percent of the FPL (Alternative B). Applicant income limits were raised to 100% of the FPL. Effective November 1, 2002, applicants began receiving a \$240 deduction from Social Security or private disability benefits plus the \$90 deduction from earned income (Alternative B)

Property exception: The property limits under Section 1931(b) and Sneede are the same as for the MN program with the exception of a single adult who has a limit of \$3,000. For more information see the Procedures Article 8G.

G. TRANSITIONAL MEDI-CAL (TMC) PROGRAM

Previously, TMC only applied to certain persons terminated from AFDC for employment related reasons. PRWORA now provides TMC to recipients of the Section 1931(b) program who are discontinued for the same reasons as before. To be eligible for the TMC program the individual must: (1) have been eligible for the CalWORKs program or Section 1931(b)-only program in three of the six months preceding the month of discontinuance and (2) have lost CalWORKs or Section 1931(b)-only program eligibility for increased earnings from employment. While PRWORA includes loss of a time-limited earned income disregard or hours of employment as employment related reasons, there are no time-limited earned income disregards that apply to California's Section 1931(b) program, nor

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

does the 100-hour rule apply to Section 1931(b)-only recipients. Therefore, these two reasons are not applicable. Persons who have been terminated from CalWORKs must be first evaluated for Section 1931(b)-only before placing them into the TMC program. If they are eligible for Section 1931(b)-only, they remain in that program until their earnings causes them to be ineligible. Only then should the family be evaluated for TMC. See Section 5B in Medi-Cal Procedures for more information.

H. FOUR-MONTH CONTINUING (AID CODE 54)

Four-month Continuing Medi-Cal applies to Section 1931(b) recipients as well as CalWORKs if they are terminated due to the collection or increased collection of child or spousal support payments. See Section 5B in Medi-Cal Procedures for more information.

I. NOTICES OF ACTION (NOA)

There are two approval Section 1931(b) NOAs and one denial Section 1931(b) NOA:

1. Continuation of Section 1931(b) Benefits (MC 349)
2. Continuation of Section 1931(b) Benefits - Spanish (MC 345 SP)
3. Section 1931(b) Approval for Benefits (MC 339)
4. Section 1931(b) Approval for Benefits - Spanish (MC 339 SP)
5. Denial or discontinuance of Section 1931(b) Benefits (MC 340)
6. Denial or discontinuance of Section 1931(b) Benefits - Spanish (MC 340 SP)

J. FORMS and CHARTS

1. Section 1931(b) Applicant and Recipient (Alternative B) Budget Form MC 176 MA - 1931 Group
2. Section 1931(b) Recipient Budget Form MC 176 MA (Alternative A)- 1931 Group
3. Section 1931(b) Recipient Worksheet (MC 176M- 1931 Group 3+earner)
4. Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination - Applicant and Recipient (Alternative B) MC 175-3I.2A - 1931 Group
5. Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination - Recipient MC 175-3I.2R - 1931 Group
6. 2003 Federal Poverty Level Chart
7. Section 1931(b) *Sneede v. Kizer* Prorated FPL Income Standard and Property Levels -4/1/03
8. Section 1931(b) Recipient Income Limits (MBSAC)
9. Section 1931(b) *Sneede v. Kizer* Prorated Income Standard and Property Limits (MBSAC)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION CONTINUATION OF SECTION 1931(b) BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Although your cash benefits for the California Work Opportunity and Responsibility to Kids (CalWORKs) program have stopped, your Medi-Cal will continue under the Section 1931(b) program. This program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

You do not have to fill out monthly or quarterly status reports to keep Medi-Cal; however, if your cash benefits stopped because you did not return your CalWORKs monthly report **and** you had changes that you haven't reported to your cash worker, you must report those to your Medi-Cal worker now.

Receiving these Medi-Cal benefits does not count against any CalWORKs program time limits.

In order to remain eligible for this Medi-Cal program, you must:

- Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.
- Have income and property under a certain limit.
- Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL CONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECTION 1931(b)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Aunque sus beneficios de dinero en efectivo del programa de Oportunidades de Empleo y Responsabilidad hacia los Hijos de California (*California Work Opportunity and Responsibility to Kids—CalWORKs*) han parado, sus beneficios de Medi-Cal continuarán bajo el programa de la Sección 1931(b). Este programa proporciona beneficios de Medi-Cal, sin costo alguno, a ciertas personas de bajos ingresos con niños que reúnen los requisitos.

Usted no tiene que llenar reportes mensuales o trimestrales sobre su situación para retener la Medi-Cal. Sin embargo, si sus beneficios en efectivo pararon porque usted no regresó su informe mensual de *CalWORKs* y tuvo cambios en su situación que no ha reportado a su trabajador(a) encargado(a) del efectivo, usted tiene que reportárselos ahora a su trabajador(a) de Medi-Cal.

La recepción de estos beneficios de Medi-Cal no se toman en cuenta para cualesquier límites de tiempo del programa de *CalWORKs*.

A fin de seguir reuniendo los requisitos para este programa de Medi-Cal, usted tiene que:

- Tener un(a) niño(a) que reúne los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo, porque uno de sus padres ha muerto, está ausente, incapacitado(a), desempleado(a), (o trabaja con ingresos limitados), o usted tiene que ser un(a) niño(a) que reúne los requisitos, que vive con un(a) pariente.
- Tener ingresos y bienes por debajo de cierto límite.
- Continuar reuniendo todos los otros requisitos de Medi-Cal.
- Reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, bienes, condición médica o situación en el hogar.
- Completar el formulario para su evaluación anual de Medi-Cal, cuando éste se le envíe.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU *BIC* DE PLÁSTICO.**

La regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones de California.

MC 349 (SP) (3/01)

Pending

SECTION NO. 50226

MANUAL LETTER NO. 280

DATE: 07/03/2003 5S-9

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION SECTION 1931(b) APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Section 1931(b) program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

- ☐ You are entitled to full benefits beginning _____.
- ☐ Your benefits cover only emergency and pregnancy-related services beginning _____.

In order to remain eligible for this program, you must:

Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.

- Have income and property under a certain limit.
- Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility, such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCIÓN 1931(b)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de la Sección 1931(b) proporciona beneficios de Medi-Cal, sin costo alguno, a ciertas personas de bajos ingresos que tengan niños que reúnan los requisitos.

- ☐ Usted tiene derecho a beneficios completos, a partir del _____.
- ☐ Sus beneficios cubren sólo los servicios de emergencia y los relacionados con el embarazo, a partir del _____.

A fin de seguir reuniendo los requisitos para este programa, usted tiene que:

- Tener un(a) niño(a) que reúna los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo, porque uno de sus padres ha muerto, está ausente, incapacitado(a), desempleado(a) (o trabaja con ingresos limitados), o usted tiene que ser un(a) niño(a) que reúne los requisitos, que vive con un(a) pariente.
- Tener ingresos y bienes por debajo de cierto límite.
- Continuar reuniendo todos los otros requisitos de Medi-Cal.
- Reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, bienes, condición médica o situación en el hogar.
- Completar el formulario para su evaluación anual de Medi-Cal, cuando éste se le envíe.

Siempre presente su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU BIC DE PLÁSTICO.

La regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION SECTION 1931(b) DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

☐ Your benefits under the Section 1931(b) program will be discontinued effective the last day of _____.

☐ You are not eligible for the Section 1931(b) program.

Here is/are the reason(s) why:

☐ Your income is over the limit.

☐ Your property is over the limit. The limit is _____.

☐ You do not have an eligible child living in the home who qualifies for Medi-Cal without a share-of-cost.

☐ You are working 100 hours or more and your family's earned income is over the limit.

☐ Your child is over the age limit.

☐ Other: _____

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCIÓN 1931(b)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del/de la trabajador(a): _____
Número del/de la trabajador(a): _____
Número de teléfono del/de la trabajador(a): _____
Horas hábiles: _____
Notificación para: _____

☐ Sus beneficios bajo el programa de la Sección 1931(b) se descontinuarán, a partir del último día de _____.

☐ Usted no reúne los requisitos bajo el programa de la Sección 1931(b).

Ésta(s) es/son la(s) razón(es):

☐ Sus ingresos están por encima del límite.

☐ Sus bienes están por encima del límite. El límite es de _____.

☐ Usted no tiene un(a) niño(a) que reúna los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo.

☐ Usted está trabajando 100 horas o más, y los ingresos ganados de su familia están por encima del límite.

☐ Su niño(a) sobrepasa la edad límite.

☐ Otra razón: _____

Usted recibirá otra notificación, si reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (BIC). Usted puede usarla de nuevo, si vuelve a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health And Human Services Agency

Department of Health Services

SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR APPLICANTS; AND FOR RECIPIENTS UNDER ALTERNATIVE B

CASE NAME:		COUNTY DISTRICT:		COUNTY USE:	
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION				EFFECTIVE ELIG. DATE FOR THIS BUDGET:	
				MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:		OTHER COVERAGE:	
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:			
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:			
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:			
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:			
1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY INCOME HERE).	TOTAL MFBU UNEARNED INCOME: \$ _____	UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____ UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____	UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____ UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____	
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (\$50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):		
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (\$50554.5)	- \$ _____			
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____			
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	TOTAL MFBU DISABILITY-BASED INCOME: \$ _____	DBI OF MFBU MEMBER # _____ \$ _____ + _____ DBI OF MFBU MEMBER # _____ \$ _____ + _____	DBI OF MFBU MEMBER # _____ \$ _____ + _____ DBI OF MFBU MEMBER # _____ \$ _____ + _____	
6	\$240 DEDUCTION	- \$240			
7	REMAINING NON-EXEMPT DISABILITY INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER '0')	BOX 7 = \$ _____			
8	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT \$90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	TOTAL MFBU EARNINGS: \$ _____	EARNINGS, MFBU MEMBER # _____ \$ _____ - \$90 WRK EXP DED = \$ _____	EARNINGS, MFBU MEMBER # _____ \$ _____ - \$90 WRK EXP DED = \$ _____	EARNINGS, MFBU MEMBER # _____ \$ _____ - \$90 WRK EXP DED = \$ _____
9	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (\$50553.5)	\$ _____	13	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (\$50558)	- \$ _____
10	REMAINING NON-EXEMPT EARNED INCOME	BOX 10 = \$ _____	14	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (\$50557)	+ \$ _____
11	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (LINES 4 + 7 + 10)	\$ _____	15	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR). = \$ _____	
12	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (\$50554)	- \$ _____	16	SEC. 1931 FPL INCOME LIMIT FOR FAMILY	\$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)
	IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.		
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:	COMPUTATION DATE:		COUNTY USE:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health And Human Services Agency

Department of Health Services

SEC. 1931 RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A

CASE NAME:		COUNTY DISTRICT:	COUNTY USE:
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION		EFFECTIVE ELIG. DATE FOR THIS BUDGET: MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:	
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:	
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:	
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:	
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:	
		OTHER COVERAGE:	

1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME:	UNEARNED INCOME MFBU MEMBER # _____	UNEARNED INCOME MFBU MEMBER # _____
		\$ _____	\$ _____ + _____	\$ _____ + _____
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (\$50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):	
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (\$50554.5)	- \$ _____		
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____		
5	ENTER DISABILITY-BASED INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU	TOTAL MFBU DISABILITY-BASED INCOME:	DBI OF MFBU MEMBER # _____	DBI OF MFBU MEMBER # _____
			\$ _____ + _____	\$ _____ + _____
6	\$240 DEDUCTION	- \$240		
7	REMAINING NON-EXEMPT DISABILITY – BASED INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____	7A UNUSED \$240 (LINE 6 – LINE 5; IF NEGATIVE ENTER 0) \$ _____ (UNUSED \$240)	
8	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS).	TOTAL MFBU EARNINGS:	EARNINGS OF MFBU MEMBER # _____	EARNINGS OF MFBU MEMBER # _____
		\$ _____	\$ _____	\$ _____
9	<input type="checkbox"/> UNUSED \$240 DEDUCTION (FROM BOX 7A)	- \$ _____		
10	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET); IF DEDUCTION EXCEEDS EARNED INCOME, ENTER "0"	= \$ _____		
11	50% DEDUCTION (DIVIDE AMOUNT IN LINE 10 BY 2)	= \$ _____		
12	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (\$50553.5)	- \$ _____		
13	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 \$ _____		
14	<input type="checkbox"/> TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13)		\$ _____	
15	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (\$50554)		- \$ _____	
16	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (\$50558)		- \$ _____	
17	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (\$50557)		+ \$ _____	
18	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR)		= \$ _____	
19	SEC. 1931 MBSAC INCOME LIMIT FOR FAMILY		\$ _____	
IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.		<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.	

ELIGIBILITY WORKERS SIGNATURE:	WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:
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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health And Human Services Agency

Department of Health Services

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE \$240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

NAME:					
1	Family's Non-exempt earned income	\$ _____	\$ _____	\$ _____	\$ _____
2	Non-exempt earned income of two highest earners	\$ _____			
3	Unused \$240 deduction (from box 7a Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- \$ _____			
4	Remaining Non-exempt earned income of two highest earners (if deduction exceeds earned income, enter "0.")	= \$ _____			
5	Non-exempt earned income of 3rd highest earner	\$ _____			
6	\$120 deduction	- \$120			
7	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
8	Non-exempt earned income of 4th highest earner	\$ _____			
9	\$120 deduction	- \$120			
10	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
11	Other remainder Non-exempt earned income (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting \$120 from earnings of each.) (If deduction exceeds earned income, enter "0.")	= \$ _____			
12	Non-exempt earned income Subtotal (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= \$ _____			

MC 176M-A—1931Group— 3+earner (5/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – APPLICANT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: APPLICANT OR RECIPIENT USING FEDERAL POVERTY LEVEL (FPL) (ALTERNATIVE B)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	<input type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Parent B or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. Divide the \$50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
② Uneamed IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.
Child/Spousal support and/or IKI computations:	

B. DISABILITY-BASED INCOME	Name	Name	Name	Name	Name
6. Source and amount of disability-based income.					
7. Section 1931(b) \$240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					

Pending

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

C. NONEXEMPT EARNED INCOME					
9. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
10. \$90 work expense deduction.					
11. Child care deduction.					
12. Other deductions.					
13. Total deductions (add lines 10, 11 and 12).					
14. Total net nonexempt earned income (subtract line 13 from line 9).					
D. TOTAL COUNTABLE INCOME					
15. Total countable nonexempt unearned income (line 5).					
16. Total countable disability-based income (line 8).					
17. Total countable nonexempt earned income (line 14).					
18. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
19. Total countable income (add lines 15, 16, 17 and 18).					
E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
20. Court-ordered child support or alimony.					
21. Income used to determine PA eligibility (see MC 175-6, Section B).					
22. Other deductions:					
23. Total deductions (add lines 20, 21 and 22).					
24. Total net countable income (subtract line 23 from line 19). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					
F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
25. P/S own needs (use FPL for one person).					
26. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 18).					
27. Parent's total net nonexempt income (subtract line 26 from line 24).					
28. Parent's net nonexempt income less P/S own needs (subtract line 25 from line 27); if negative, enter 0.					
29. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
30. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
31. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B
32. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 28 by line 29 and enter in applicable box). Do not enter under Parent B if unmarried.					

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

33. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 28 by line 30 and enter in applicable box). Do not enter under Parent A if unmarried.					
34. Enter the lesser of either line 25 or 27.					
35. Parent's total net nonexempt income (add lines 26, 34 and 32 or 33).					
36. Child's total net nonexempt income (add lines 24, 32 and 33); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME	
<input type="checkbox"/> Section 1931(b) Income Test	<input type="checkbox"/> Section 1931(b) Property Determination
<p>Instructions:</p> <ol style="list-style-type: none"> 1. Include unborn in the mother's MBU and property limit/FPL income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU. 2. Do not include an excluded child. 3. Do not list MBU members in more than one MBU. 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members. 5. Property determinations: enter the allocation for each spouse from MC 324, line 29. 6. Enter each person's net nonexempt income from lines 35 or 36. 	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – RECIPIENT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: RECIPIENT (ALTERNATIVE A)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	<input type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Parent B or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received Child support is income to the child, not to the parent or caretaker relative.

Divide the \$50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.

② Unearned IKI Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.

Child/Spousal support and/or IKI computations:

B. DISABILITY-BASED INCOME	Name	Name	Name	Name	Name
6. Source and amount of disability-based income. (Continue to line 7, even if no disability income.)					
7. Section 1931(b) \$240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					
9. Unused Section 1931(b) deduction. (If line 6 is 0, enter \$240. Otherwise, subtract line 6 from line 7.) Enter 0 if negative.					

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C. NONEXEMPT EARNED INCOME					
10. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
11. Section 1931(b) deduction from line 9.					
12. Remaining nonexempt earned income (subtract line 11 from line 10).					
13. 50% earned income deduction (one-half of line 12).					
14. Child care deduction.					
15. Other deductions.					
16. Total deductions (add lines 13, 14 and 15).					
17. Total net nonexempt earned income (subtract line 16 from line 12).					

D. TOTAL COUNTABLE INCOME					
18. Total countable nonexempt unearned income (line 5).					
19. Total countable disability-based income (line 8).					
20. Total countable nonexempt earned income (line 17).					
21. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
22. Total countable income (add lines 18, 19, 20 and 21).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
23. Court-ordered child support or alimony.					
24. Income used to determine PA eligibility (see MC 175-6, Section B).					
25. Other deductions:					
26. Total deductions (add lines 23, 24 and 25).					
27. Total net countable income (subtract line 26 from line 22). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
28. P/S own needs (subtract \$1 from MBSAC for one person).					
29. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 21).					
30. Parent's total net nonexempt income (subtract line 29 from line 27).					
31. Parent's net nonexempt income less P/S own needs (subtract line 28 from line 30); if negative, enter 0.					
32. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
33. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
34. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B

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35. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 31 by line 32 and enter in applicable box). Do not enter under Parent B if unmarried.					
36. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 31 by line 33 and enter in applicable box). Do not enter under Parent A if unmarried.					
37. Enter the lesser of either line 28 or 30.					
38. Parent's total net nonexempt income (add lines 29, 37 and 35 or 36).					
39. Child's total net nonexempt income (add lines 27, 35 and 36); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME

☐ Section 1931(b) MBSAC Income Test

☐ Section 1931(b) Property Determination

Instructions:

1. Include unborn in the mother's MBU and property limit/MBSAC income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 38 or 39.

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

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MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

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2003 FEDERAL POVERTY LEVEL CHART									
Effective 4/1/03									
Persons	Monthly MMNL(\$)	MMNL as % of FPL	100%(\$) Monthly	Annual(\$) 100% FPL	120% Monthly (\$)	133% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	81	749	8980	898	996	1385	1497	1871
2	750	75	1010	12120	1212	1344	1869	2020	2525
2 Adults	934	93	1010	12120	1212	1344	1869	2020	2525
3	934	74	1272	15260	1526	1692	2353	2544	3180
4	1100	72	1534	18400	1840	2040	2837	3067	3834
5	1259	71	1795	21540	2154	2388	3321	3590	4488
6	1417	69	2057	24680	2468	2736	3805	4114	5142
7	1550	67	2319	27820	2782	3084	4289	4637	5796
8	1692	66	2580	30960	3096	3432	4773	5160	6450
9	1825	65	2842	34100	3410	3780	5258	5684	7105
10	1959	64	3104	37240	3724	4128	5742	6207	7759
For each addnl member add:	14		262	3140	314	349	485	524	655

\$35: = for Resident in LTC Facilities

MMNL: = for Medically Needy Program

100% FPL: = for Qualified Medicare Beneficiary (QMB) Program; and
= for Children Ages 6 Up To 19 Percent Program; and
= for FPL Program for Aged and Disabled; and
< for Section 1931 Applicants and for Certain Recipients

120% FPL: < for Specified Low Income Beneficiaries

133% FPL: = for Children Ages 1 Up To Age 6

185% FPL: = for Transitional Medi-Cal (TMC)

200% FPL: = for Qualified Working Disabled Individuals; and
= for Pregnant Women and Infants Up To Age 1 (disregard is in the 200% FPL)

250% FPL: = for Healthy Families Program, and for Working Disabled Program

Notes:

"=" means: eligibility if budget unit income is equal to or less than income limit.

"<" means: eligibility if budget unit income is less than income limit.

Figures in above chart are rounded up to next dollar where necessary.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Section 1931(b) Determinations: Sneede v. Kizer Prorated FPL Income Standard and Property Levels - April 1, 2003 -

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	\$ 749	\$3,000
Single Parent with Unborn	1,010	3,000
Married Couple - Two Adults	1,010	3,000
Married Couple with Unborn	1,272	3,150
Unmarried Couple - Each Unmarried Partner	749	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA or Not in the MBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/Other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	\$ 505	\$1,500	\$ 424	\$1,050
2	848	2,100	767	1,650
3	1,151	2,475	1,077	2,070
4	1,436	2,760	1,372	2,400
5	1,715	3,000	1,657	2,679
6	1,988	3,215	1,935	2,925
7	2,258	3,413	2,211	3,150
8	2,527	3,600	2,484	3,360
9	2,794	3,780	2,754	3,437
10*	3,060	3,819	3,024	3,500

***NOTE:** Add \$262 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU} = \text{Prorated income}$$

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APPENDIX A

TABLE 1: SECTION 1931(b) INCOME LIMITS EFFECTIVE JULY 1, 1999

Family Size	Effective Section 1931 Income Limit**
1	\$390
2	\$639
3	\$793
4	\$942
5	\$1,074
6	\$1,208
7	\$1,327
8	\$1,445
9	\$1,567
10	\$1,701*

*Add \$14 dollars for each additional needy person over 10.

** The figures in this column will be used for purposes of determining Section 1931(b) income eligibility. If the family's net non-exempt income is less than the amount in this column appropriate for that size family, the family is eligible for the Section 1931(b) program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Section 1931(b) Determinations: Sneede v. Kizer Prorated MBSAC Income Standard and Property Levels - July 1, 1999 -

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	\$ 390	\$3,000
Single Parent with Unborn	639	3,000
Married Couple - Two Adults	639	3,000
Married Couple with Unborn	793	3,150
Unmarried Couple - Each Unmarried Partner	390	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative, or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA and Not in the MFBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	\$ 320	\$1,500	\$ 265	\$1,050
2	529	2,100	471	1,650
3	707	2,475	645	2,070
4	860	2,760	806	2,400
5	1,007	3,000	948	2,679
6	1,138	3,215	1,084	2,925
7	1,265	3,413	1,219	3,150
8	1,393	3,600	1,361	3,360
9	1,531	3,780	1,404	3,437
10*	1,560	3,819	1,441	3,500

*NOTE: Add \$14 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \frac{\text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU}}{\text{Parent(s) + Child(ren) in MBU}} = \text{Prorated income}$$

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